

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

791  
1003

14401

1. PLACE OF DEATH

County.....  
Township.....  
City, St. Louis, Mo. (No. 1931 Sullivan Ave.,

Registration District No.....  
Primary Registration District No.....  
1931 Sullivan Ave.,

File No.....  
Registered No.....  
St. .... Ward)

2. FULL NAME

Edwrad L. Williams,

(a) Residence, No. 1931 Sullivan Ave., St. 26 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zenobia Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30th, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

FATHER 13. NAME Edward Williams,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Zenobia Williams,  
(ADDRESS) 1931a Sullivan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Apr. 13th

19. UNDERTAKER (ADDRESS) My Leiders, 1417 N. Market St.

20. APR 13 1937 Registrar. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1936 to Apr 12, 1937

I last saw him alive on Apr 12, 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Invasoritis 9/1/36  
Chronic Invasoritis 9/1/36

Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury ....., 19...  
Where did injury occur? ^ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ^  
Nature of injury ^

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify ^  
(Signed) William T. Hirsch, M. D.  
(Address) 3500 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION  
FATHER  
MOTHER

Dr. H. C. ...