JUN 12 1937

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

Do not use this space.

File No. 18032
Registered No. 4608

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. , City Sanitarium St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Robert Williams

(a) Residence, No. 3011 Salena St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 7 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	2	

23

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) About 1916

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

FATHER

13. NAME James Williams

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Dora Cows

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

17. INFORMANT T.C. Campbell, M.D. (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE New S. S. Peter & Paul DATE May 5, 1937

19. UNDERTAKER John L. Geyenheim & Sons (ADDRESS) 7067 Wyoming Ave

20. FILED MAY 5 - 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1936, to May 4, 1937, 19

I last saw him alive on May 4, 1937. Death is said to have occurred on the date stated above, at 6:10 m. A.M.

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

	Date of onset
Coronary Occlusion 5-4-37	
Other contributory causes of importance:	
Arteriosclerosis 1-1-36x	
Chronic Mypcarditis 1-1-36x	
Senility 1-1-36x	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 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) T. C. Campbell, M. D.

(Address) 5400 Arsenal St.

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.