

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

Do not use this space.

JUN 12 1937

18122

1. PLACE OF DEATH

County.....  
Township.....  
City..... **St. Louis**

Registration District No. **791**  
Primary Registration District No. **1003**  
(No. **2624 S. 7th.**)

File No.....  
Registered No. **4698**  
St. .... Ward)

2. FULL NAME **Ellen Williams**

(a) Residence, No. **2624 S. 7th.** St. **23** Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 29th, 1935.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**1 5 7**

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

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) **St. Louis, Mo.**

13. NAME **Ralph Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **De Sota Missouri**

15. MAIDEN NAME **Dorothy Burnau**

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

17. INFORMANT **Dorothy Williams**  
(ADDRESS) **2624 S. 7th. St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope** DATE **May, 8th, 1937**

19. UNDERTAKER **Wacker-Helderle**  
(ADDRESS) **2331 S. Broadway**

20. FILED **MAY 8 1937** **J. J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May, 6th, 1937**

22. I HEREBY CERTIFY, That I attended deceased **Ellen** **May 6, 1937**, to

I last saw **her** alive on **May 6, 1937**. Death is said to have occurred on the date stated above, at **9:30 P. M.**

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

**Broncho Pneumonia**  
**Measles**  
Date of onset **unknown**

Other contributory causes of importance:

Name of operation **none** Date of  
What test confirmed diagnosis? **Physical** 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? If so, specify

(Signed) **J. J. Predeck**, M. D.  
(Address) **2331 S. Broadway**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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