JUL 8 - 1937

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

Do not use this space.

21658

File No. 5440

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1008

City St. Louis (No. Deaconess Hospital St. Ward)

2. FULL NAME Robyna E. Williams

(a) Residence, No. 2518 Belleglade Ave. St., 11 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1st, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
35	74	3	30	

OCCUPATION

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

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) Missouri

FATHER

13. NAME Unknown Beavis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Henry W. Williams
(ADDRESS) 2518 Belleglade Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE June 2nd, 1937

19. UNDERTAKER Drehmann Hand
(ADDRESS) 1905 Union Blvd.

20. FILED JUN 1 - 1937, 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1937, to 5/31, 1937

I last saw h. 21 alive on 5/3, 1937. Death is said to have occurred on the date stated above, at 7:25 A.m.

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

	Date of onset
Acute Myocarditis	7 yrs.
Fracture Neck Femur	4/25/37

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, ~~suicide or homicide~~? Accident Date of injury 4/25, 1937

Where did injury occur? 2518 Bell Glades
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Slipped off Couch

Nature of injury Fracture Rt Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P B Cappel, M. D.

(Address) 3239 Franklin Ave

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.