JUL 8 - 1937

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

Do not use this space.

File No. 22280

Registered No. 6032

Registration District No. 791

Primary Registration District No. 1063

1. PLACE OF DEATH

County: St. Louis

Township:

City: St. Louis (No. 1426, Devlin St. 2 Ward)

2. FULL NAME: Richard Williams

(a) Residence, No. 1426 Devlin St., St., 4 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25, 1848

7. AGE: Years 88 Months 10 Days 25 If LESS than 1 day, ...hrs. or ...min.

2b2

OCCUPATION

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

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

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): Wales

FATHER

13. NAME: Evan Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

17. INFORMANT (ADDRESS): Walter Williams, 1426 Devlin St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Valhalla Cemetery DATE: June 23, 1937

19. UNDERTAKER (ADDRESS): Robert J. Ambruster, Clayton Road at Concordia Lane

20. FILED: JUN 22 1937, 19... J. F. Buedeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1931, to 6-20, 1937

I last saw him alive on 6-20-, 1937. Death is said to have occurred on the date stated above, at 1030 P.M.

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

	Date of onset
Bronchio-Pneumonia	4-31-37

Other contributory causes of importance:

Hypertension

Arteriosclerosis

Name of operation: — Date of:

What test confirmed diagnosis? B.P. 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) M. G. Wead, M. D.

(Address) 1005 McCausland Ave.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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