

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
4219 Harris Avenue

File No. 25219
Registered No. 6393
St. Ward)

2. FULL NAME

Melissa H. Williams,

(a) Residence, No. 4219 Harris Avenue St., 10 Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Andrew J. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 79 1 13

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

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) Mo.13. NAME Chesley Nichols14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Sarah Sitton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Andrew J. Williams (ADDRESS) 4219 Harris Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 2, 193719. UNDERTAKER Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue20. FILED JUL 1 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1937, to June 30, 1937.
I last saw h. or alive on June 30, 1937. Death is said to have occurred on the date stated above, at 2:15 P. M.

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

Date of onset

Coron. Myo-cardia
Myoplex cerebri
Myoplex cerebri

Other contributory causes of importance:

Myoplex cerebri

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) J. W. Bredek M. D.
(Address) 1918 East Grant

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.

