AUG - 5 1937

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

Do not use this space.
25419

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003 File No. .....
City St. Louis, Mo. (No. ..... St. St. Luke's Hosp. Ward) Registered No. 6593

2. FULL NAME Baby Williams

(a) Residence, No. 4521 North Clay St., N. R. Ward. Kirkwood Mo
(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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...0...hrs. or ...0...min.
	0	0	0	

OCCUPATION

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

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) St. Louis Missouri
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Mr Ray A Williams

14. BIRTHPLACE (CITY OR TOWN) Bolivar
(STATE OR COUNTRY) Polk County Missouri

MOTHER

15. MAIDEN NAME Emma Mae Shockey

16. BIRTHPLACE (CITY OR TOWN) ?
(STATE OR COUNTRY) Kentucky

17. INFORMANT 4521 North Clay
(ADDRESS) Kirkwood Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Lukes Hos DATE June 17 1937

19. UNDERTAKER St. Lukes Hospital
(ADDRESS)

20. FILED JUL 8 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Stillborn at 6 am 6-17 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 09 A.m.

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

	Date of onset
Maternal toxemia (pre-eclampsia)	

Other contributory causes of importance:

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) Chas D. O'Keefe, M. D.
(Address) 3720 Washington

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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