

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

SEP 10 1937

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

Do not use this space.

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1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. **791**
Primary Registration District No. **1003**
(No. City Hospital)

File No.
Registered No.
St. Ward)

2. FULL NAME Anna Williams

(a) Residence, No. 411a Lafayette St., 17 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

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4th 1893

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 8:30A. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min. 33 44 -- 13

The principal cause of death and related causes of importance were as follows: Fracture of Skull, Laceration and Haemorrhage of brain, suffered when struck by bicycle ridden by one, Joseph Quick, 1817a Allen Avenue, about 9:30 P.M. August 16, 1937 at the northeast corner of Tower Grove and Lafayette Avenue. Accident.

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamois, Mo.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? y.e.s.

13. NAME Gus Thezahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 8/16, 1937

15. MAIDEN NAME Mary Harmon

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

Manner of injury see above
Nature of injury see above

17. INFORMANT Lafe Williams
(ADDRESS) 411a Lafayette Ave

24. Was disease or injury in any way related to occupation of deceased? N.O.
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Aug 19 1937

19. UNDERTAKER Thomas E. Fisher
(ADDRESS) 1219 S. Grand

(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

20. FILED AUG 10 1937
J. Bredeck Registrar.

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