

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

CERTIFICATE OF DEATH

32393
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** **791**
 (a) County Registration District No.
 (b) Township Primary Registration District No. **1003** Registered No. **8447**
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **18** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Minnie Williams**
 (a) Residence, No. **1315 S 8th (rear)** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30, 1885**

7. AGE YEARS **52** MONTHS **2** DAYS **2** If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 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 **Alec Williams**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER
 15. MAIDEN NAME **Mary Hillis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Arkansas**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL **Washington Park** DATE **9-8** '37

19. FUNERAL DIRECTOR **Boyd Bros Funeral Home**
 (ADDRESS) **3706 Franklin Ave**

20. **SEP 8 1937** 19 **Predeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 2** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **August 29** 19**37**, to **Sept. 2** 19**37**

I last saw her alive on **Sept. 2** 19**37**. Death is said to have occurred on the date stated above, at **2:45** m. **p.m.**
 The principal cause of death and related causes of importance were as follows:

Syphilis

Date of onset **8/29/37**

Other contributory causes of importance:

Name of operation 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? 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) **A. L. Lewis** M. D.
 (Address) **2601 N Whittier**

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.

8992

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)