

NOV 15 1937

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

36228
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital **791**
(a) County Registration District No. 1
(b) Township Primary Registration District No. **1008**
(c) City Saint Louis (d) Street No. 2601 N Whittier St. 18
(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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Williams
(a) Residence, No. 421 S Ewing St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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) Alabama
(STATE OR COUNTRY)

FATHER 13. NAME unknown

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

MOTHER 15. MAIDEN NAME Kittie Wallace

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis DATE 10/23, 1937

19. FUNERAL DIRECTOR W. L. Lewis
(ADDRESS) 5517 So. 1st Ave

20. FILED OCT 22 1937 J. H. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1937, to Oct. 18, 1937

I last saw her alive on Oct. 18, 1937. Death is said

to have occurred on the date stated above, at 3 P. m.

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

Arteriosclerotic heart disease

Date of issue 10/18
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) W. 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.

OCCUPATION 000
FATHER 2
MOTHER 31

STATEMENT BY LICENSED EMBALMER

I, R. M. C. Green, Licensed Embalmer No. 1173

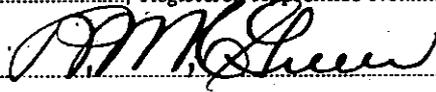
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me, at 3517 Laclede Ave.

Oct., 19, 1937. L. E.

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

Registered Apprentice No. _____

Signed



Licensed Embalmer No. 1173

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.)