

DEC 13 1937

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

39341  
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. **1008** Registered No. **10328**  
(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 **47** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Robert Williams**  
(a) Residence, No. **2312 Papin** St. **22** (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 **M** 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 **unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10, 1982**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**55 5 21**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**  
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) (STATE OR COUNTRY) **Mississippi**

FATHER 13. NAME **Robert Williams, Sr.**

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

MOTHER 15. MAIDEN NAME **Levinia Ware**

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

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

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Greenwood** DATE **Nov. 7, 1937**

19. FUNERAL DIRECTOR **J. C. Gordon**  
(ADDRESS) **2649 Delmar Blvd**

20. FILE **NOV 6 1937** **J. Bredeck**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 1** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 5**, 19 **37**, to **Nov. 1**, 19 **37**

I last saw him alive on **Nov. 1**, 19 **37**. Death is said to have occurred on the date stated above, at **5:45** m. **a.m.**

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

**Carcinoma of stomach (pyloric) with resection**

Date of onset  
**10/5/37**

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? **clinical** Was there an autopsy? **yes**

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. M. Allen, Jr.** M. D.

(Address) **2601 N Whittier**

**STATEMENT BY LICENSED EMBALMER**

I, W.C. Gordon, Licensed Embalmer No. 3489.

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed W.C. Gordon

Licensed Embalmer No. 3489

**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.)**