

FEB 12 1938

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

1207

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..... 1063
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.
Life (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Mary Williams** 452
 (a) Residence, No. **3034 Cass** St. **21** (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 **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Williams**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 22, 1918**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 2 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House work**
 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) **Missouri**

FATHER 13. NAME **Albert Hunter**

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

MOTHER 15. MAIDEN NAME **Ester Harrison**

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

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

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington PK** DATE **1-30** 19**38**

19. FUNERAL DIRECTOR **A. F. Budolie Walton**
(ADDRESS) **2707 Standard St**

20. FILED **Jan 29 1938**
J. P. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 26** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 7** 19**38**, to **Jan. 26** 19**38**

I last saw her alive on **Jan. 26** 19**38**. Death is said

to have occurred on the date stated above, at **4:50a** m.

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

Pulmonary tuberculosis

Date of onset
1/7/38

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) **A. L. Lewis**, M. D.

(Address) **2601 N Whittier**

STATEMENT BY LICENSED EMBALMER

I, Lorraine V Boykin, Licensed Embalmer No. 2946

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

L. E. _____

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

Signed Lorraine V Boykin
Licensed Embalmer No. 2946

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.)