

REC'D MAR 14 1938

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

4689

Do not use this space.

1334

## 1. PLACE OF DEATH

- (a) County ..... Registration District No. **791**  
**1003**  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. 3335 a Laclède Av 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- Gray Williams **452**  
 (a) Residence, No. 3335 a Laclède 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 <u>male</u>	4. COLOR OR RACE <u>Col'd</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florida Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 4, 1877</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>10</u>
	DAYS <u>29</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>laborer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Common</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>6</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Brance Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>	
MOTHER	15. MAIDEN NAME <u>Cynthia Homer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>	
17. INFORMANT (ADDRESS) <u>Florida Williams</u> <u>3335 a Laclède</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Feb. 6 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>J. H. Harrison</u> <u>2906 Cassin</u>		
20. FILED <u>J. T. B. [Signature]</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1938, to Feb. 3, 1938.  
 I last saw him alive on Feb. 3, 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
(Apoplexy) Rupture of  
Anterior Artery of Cerebrum  
 Date of onset 1-25-38

Other contributory causes of importance:  
Arteriosclerosis of 2a

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Symptoms as 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) L. B. Vincent, M. D.  
 (Address) 2336 market St.

FEB 5 1938

**STATEMENT BY LICENSED EMBALMER**

I, James H. Harrison, Licensed Embalmer No. 760  
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 James H. Harrison  
Licensed Embalmer No. 760

**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.)**