

REC'D MAR 14 1938

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

5044  
Do not use this space.  
1689

1. PLACE OF DEATH **Homer G Phillips Hospital** Registration District No. **791**  
 (a) County.....  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St.  
 (e) Length of residence in city or town where death occurred **40** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Pearl Smith Williams**  
 (a) Residence, No. **3126 Lucas** 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 <b>F</b>	4. COLOR OR RACE <b>C</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 4, 1892</b>		
7. AGE	YEARS <b>45</b>	MONTHS <b>3</b>
	DAYS <b>9</b>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>nil</b>	
	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) <b>Tennessee</b>		
FATHER	13. NAME <b>unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown</b>	
MOTHER	15. MAIDEN NAME <b>Emma Roberts</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Alabama</b>	
17. INFORMANT (ADDRESS) <b>Evelyn Hilliard</b> <b>2601 N Whittier</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Father Dickerson</b> DATE <b>2-18</b> , 19 <b>38</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>Local Und Co</b> <b>3603 Washington Blvd</b>		
20. FILED 19..... <b>J. P. Budick</b> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 13**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 3**, 19**38** to **Feb. 13**, 19**38**  
 I last saw h. or alive on **Feb. 13**, 19**38**. Death is said to have occurred on the date stated above, at **7:55p** m.  
 The principal cause of death and related causes of importance were as follows:  
**Myelogenous Leukemia**  
 Date of onset **2/13/38**

Other contributory causes of importance:

Name of operation **Clinical** Date of.....  
 What test confirmed diagnosis? **NO** 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) **C. L. Lewis**, M. D.  
 (Address) **2601 N Whittier**

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, R. C. Houston Jr., Licensed Embalmer No. 2266  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed R. C. Houston Jr.  
Licensed Embalmer No. 2266

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.)