

REC'D MAR 14 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

5336

Do not use this space.

1981

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roy Williams 452

(a) Residence, No. 4541 Delmar St. 12  
 (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 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 8, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor  
 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) MissouriFATHER 13. NAME Nathan Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriMOTHER 15. MAIDEN NAME Emmaline ?16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Evelyn Hilliard  
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 2/25/38, 193819. FUNERAL DIRECTOR (ADDRESS) E. L. Garner  
2829 Washington Ave.20. FILED FEB 24 1938 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1938'1922. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1938 to Feb. 20, 1938I last saw him alive on Feb. 20, 1938 Death is said to have occurred on the date stated above, at 2:50p.m.

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

Lobar pneumoniaDate of onset  
2/13/38

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? YES23. 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, Arthur L. Hilliard, Licensed Embalmer No. 3389

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 3389

**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.)**