

NEW YORK 24 1938

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

8082
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 96
 (b) Township Clayton Primary Registration District No. St. Louis County Hospital Registered No. 255
 (c) City Clayton (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Alice Williams 452
 (a) Residence, No. 6440 Spencer, Wellston, Mo. Wellston Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Williams
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-1863
 7. AGE YEARS 73 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-38, 19
 22. I HEREBY CERTIFY, That I attended deceased from 1-31-38 to 2-6-38, 19...
 I last saw her alive on 2-8-38, 19... Death is said to have occurred on the date stated above, at 1:00A.M. m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

Other contributory causes of importance:
Lobar Pneumonia
Coronary Occlusion
Arteriosclerosis Heart Disease
 Date of onset 2/1/38
2/1/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

FATHER 13. NAME Benj. Burgess

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Mary Ann Prince

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Husband

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem Feb. 4/38.

19. FUNERAL DIRECTOR (ADDRESS) Geo. Clark
1125 Hodgson Lane

20. FILED 2-7 1938 W. K. Murphy Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____ (Signed) R. P. [Signature], M. D.
 (Address) St. L. C. Hospital

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, Jas W. Clark, Licensed Embalmer No. 1661
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 Jas W. Clark
Licensed Embalmer No. 1661

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.)