

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

REC'D APR 11 1938

8586
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City St. Louis Mo. (d) Street No. 5766 DeGiverville Registered No. 2174
 (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 Anna Williams (Frances) 452

(a) Residence, No. 5766 DeGiverville Ave. St. 5 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
 (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph H. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0000 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ret. house-wife
 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) St. Louis
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Adam Hamschmidt

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Agnès Williams
 (ADDRESS) 5766 DeGiverville

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE March 4 1938

19. FUNERAL DIRECTOR Alexander Jones
 (ADDRESS) 6175 Delmar Blvd.

20. FILED MAR 3 1938 J. T. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1937 to Mar. 29 1938
 I last saw him alive on Mar. 2 1938 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:

Paralysis caused by
Chronic Nephritis
Arteriosclerosis
Aneurysm (secondary)
 Date of onset 1925-27
1925

Other contributory causes of importance:
Arteriosclerosis 1925
Aneurysm (secondary) ?

Name of operation Lobotomy Date of no
 What test confirmed diagnosis? Lobotomy 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 _____ M. D.
 (Signed) A. J. Jones
 (Address) 2435 N. Grand Ave.

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.

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7229 Cornell Cash. 3593

STATEMENT BY LICENSED EMBALMER

I, jos. E McCulloch, Licensed Embalmer No. 2462

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed jos. E. McCulloch
Licensed Embalmer No. 2462

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.)