

REC'D APR 11 1938
B11767

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9080
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital **791**
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... **1003** Registered No. **2669**
 (c) City..... St. Louis (d) Street No. 2601 N. Whittier St.
unknown (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 Thomas Williams **452**
 (a) Residence, No. 2626 R Walnut St. **22** (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown
 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) unknown **9**

FATHER 13. NAME unknown **9**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown **9**

MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U. DATE 3-11 1938

19. FUNERAL DIRECTOR W. Richter
 (ADDRESS) 3500 Rutger St

20. FILED **MAR 21 1938** J. B. Breda

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3, 1938, to Feb. 24, 1938

I last saw him alive on Feb. 24, 1938. Death is said to have occurred on the date stated above, at 4:15 p. m.

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

Neuro-syphilis

Date of onset
1/3/38

Other contributory causes of importance

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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) A. D. Lewis, M. D.
 (Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

Licensed Embalmer No.

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.)