

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

12096
 Do not use this space.

REC'D APR 2 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 111 Registered No. 578
 (c) City Arch. Hgts (d) Street No. New St. Mary's Hosp. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6478 Scanlon Av St. (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 Male 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 Mildred nee Voegeli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 6 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Dun + Bradstreet
 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) Evansville Indiana

FATHER 13. NAME Richard H. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Emily Clarke 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Mildred Williams
6478 Scanlon Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE N.S. Peter & Paul DATE 3-23 1938

19. FUNERAL DIRECTOR (ADDRESS) Walt. Bro. & W. Co.
2929 S. Jefferson Av.

20. FILED 3-22 1938 J. K. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1938

22. I HEREBY CERTIFY that I attended deceased from Feb. 11 1938 to Feb. 19 1938.
 I last saw him alive on Feb. 19 1938 at 30 m. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:
Coronary sclerosis (months)
Coronary occlusion
 Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis Examination Was there an autopsy? Yes

23. If death was due to external cause (accident), fill in also the following:
 Accidents, burns, 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) Aug. A. Werner M. D.

(Address) H. J. Huboldt Bldg
11.9

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.

APR 21 1948

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

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.)