

REC'D JUN 9 1938

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

17091  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791  
(b) Township St. Louis Mo. Primary Registration District No. 1008  
(c) City St. Louis Mo. (d) Street No. 5153 Raymond Ave. Registered No. 4952  
(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

Francis M. Williams  
(a) Residence, No. 5153 Raymond Ave. St. 125 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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 Ida Lee Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-1-1872

7. AGE YEARS MONTHS DAYS  
65 6 26  
IF LESS than 1 day, ..... hrs. or ..... min.

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

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) 5-29-38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo.

13. NAME Francis M. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsville Mo.

15. MAIDEN NAME Virginia Flynn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fruitland Mo.

17. INFORMANT F. Marion Williams (ADDRESS) 5153 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE May 31, 1938

19. FUNERAL DIRECTOR Alexander and Sons (ADDRESS) 6175 Delmar Blvd.

20. FILE MAY 30 1938 J. D. Bredek Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-38

22. I HEREBY CERTIFY, That I attended deceased from 5-23-38, 1938, to 5-27-38, 1938

I last saw him alive on 5-27-38, 1938. Death is said to have occurred on the date stated above, at 7:30 m.

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

Pneumonia, bronchial Date of onset 5-20-38

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? X-ray 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) Harford Phillips M. D.

(Address) 1117 N. Union

STATEMENT BY LICENSED EMBALMER

I, Jose E. McCulloch, Licensed Embalmer No. 2460  
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 Jose E. McCulloch  
Licensed Embalmer No. 2460

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.)