

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.

1938 REC'D JUN 7 1938

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

19542
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 115 Registered No. 937
 (c) City University City (d) Street No. 6600 Washington Ave.
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Margaret Ellen Williams
 (a) Residence, No. 6600 Washington Ave. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Female	White	Widow		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry W. Williams</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/30/1862</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	76	2	29	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		X	
	9. Industry or business in which work was done, as saw mill, bank, etc.		X	
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Warren Co.</u> (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>Richard Gilkey</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Carolyn Dyer</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Mary E. Craig</u> (ADDRESS) <u>6600 Washington Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washville Mo</u> DATE <u>May 31</u> , 19 <u>38</u>				
19. FUNERAL DIRECTOR <u>Shogard Funeral Home</u> (ADDRESS) <u>1147 Hamilton Ave</u>				
20. FILED <u>MAY 1938</u> <u>D.R. Miller M.D. Del.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-29</u> , 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>march</u> , 19 <u>38</u> , to <u>5-29</u> , 19 <u>38</u>	
I last saw her alive on <u>5-28</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>4:30</u> A.M.	
The principal cause of death and related causes of importance were as follows:	
<u>Chronic myocarditis</u> <u>myocardial degeneration</u>	
	Date of onset <u>6 years</u>
Other contributory causes of importance: <u>93C</u>	
Name of operation <u>none</u> Date of _____	
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
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? <u>no</u>	
If so, specify _____	
(Signed) <u>Kenneth Larsen</u> , M. D.	
(Address) <u>5657a Delmar</u>	

SEP 16 1946

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

Merle Shepard

Licensed Embalmer No. 3553

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.)