

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26845

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis (d) Street No. Homer Phillips Hospital St.
 (e) Length of residence in city or town where death occurred 43 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1003Registered No. 6859

2. PRINT FULL NAME

Rodella Williams 452
 (a) Residence, No. 1448 O'Fallon St. 25 (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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 10 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 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) TennesseeFATHER 13. NAME Eaf Jennings14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North CarolinaMOTHER 15. MAIDEN NAME Eliza Lindsay16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL East Louis Ill. DATE Aug 3 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) McDowell Und. Co
3506 Franklin Ave.20. FILED Aug 2 1938 J. F. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 193822. I HEREBY CERTIFY, That I attended deceased from July 26 1938 to July 28 1938I last saw h. or alive on July 28 1938. Death is said to have occurred on the date stated above, at 6:25p.

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

Pulmonary infarctDate of onset
7/26/38

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? YES23. 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) J. F. Brubaker M. D.(Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

William C. McDowell

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2114

P. O. Address

3506 Franklin

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.)

If this body is not embalmed, above space should be left blank.