

REC'D OCT 12 1938

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

30618
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City **St. Louis, Mo.**
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. **791**
Primary Registration District No. **1008**
(d) Street No. **Peoples Hospital**

Registered No. **8055**

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Grant Williams**(a) Residence, No. **7723 Carondelet Ave**St. **MO****Clayton, Mo.**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Kaura M. Williams**

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

Aug. 4, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.**73****1****5**

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc.

Nil.

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)

Mississippi

FATHER

13. NAME **Moses Williams**

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

Mississippi

MOTHER

15. MAIDEN NAME **Sarah Jane Graves**

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

Mississippi

17. INFORMANT

Miss. O. Williams(ADDRESS) **7723 Carondelet Ave.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **St. Peters Cem.** DATE **Sept. 12, 1938**19. FUNERAL DIRECTOR (NAME) **W. C. Gordon**(ADDRESS) **2649 Delmar Blvd.**

20. FILED

SEP 12 1938**J. D. Brubaker**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 9 1938

22. I HEREBY CERTIFY, That I attended deceased from

May 10 1935 to Sept 9 1938I last saw him alive on **Sept 8 1938**. Death is saidto have occurred on the date stated above, at **4 a.m.**

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

Carcinoma of Lung Date of onset
May 10

Other contributory causes of importance:

Severe anemia **May**

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

What test confirmed diagnosis..... Was there an autopsy?.....

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? **No**If so, specify **W. P. Curtis** M. D.

(Signed)

(Address) **11 N. Jefferson Ave.**

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, 3489

W.C. Gind or by

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

Signed

W.C. Gind

Licensed Embalmer No.

3489

P. O. Address _____

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.