MISSOURI STATE BOARD OF HEALTH

REC'D OCT 12 1938

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

31085
Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis

Registration District No. 1003

Primary Registration District No.....

Registered No. 8522

(d) Street No. Homer Phillips Hospital St.

(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.

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

2. PRINT FULL NAME Eugene Williams 452

(a) Residence, No. 2825 Lucas St. 21

(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: M

4. COLOR OR RACE: C

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 24, 1900

7. AGE: Years 37 | Months 11 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

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): St. Louis Missouri 0

FATHER

13. NAME: George Williams 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 9

MOTHER

15. MAIDEN NAME: Nellie Thompson

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

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE WASHINGTON PARK DATE 10 — 1 1938

19. FUNERAL DIRECTOR (NAME) LOVE UNDERTAKING CO.

(ADDRESS) 3103 WASHINGTON BLVD

20. FILED SEP 29 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1938 to Sept. 27, 1938

I last saw him alive on Sept. 27, 1938 Death is said to have occurred on the date stated above, at 5:13a m.

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

	Date of onset
Pulmonary tuberculosis	9/19/38

Other contributory causes of importance:

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

What test confirmed diagnosis? clinical 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) H. J. Lyman, M. D.

(Address) 2601 N. Whittier

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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~~ Frank Givens

Registered Apprentice No. 146, 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 com with the above constitutes grounds for revocation of license.)

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