

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

34180
Do not use this space.

REC'D NOV 16 1938
PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. 212 N. Kingshighway
(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 Robert E. McWilliams
(a) Residence, No. 5516 a Maple St. 5
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1879

7. AGE YEARS 59 MONTHS 1 DAYS 5
If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Globe Democrat
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) Gainsville Texas

FATHER
13. NAME David McWilliams

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

MOTHER
15. MAIDEN NAME Amanda Biggerstaff

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

17. INFORMANT (ADDRESS) Mrs. Raechel McWilliams 5516 Maple Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Oct 22, 1938

19. FUNERAL DIRECTOR (ADDRESS) Shepard Funeral Home 1167 Hamilton Avenue

20. FILED OCT 22 1938
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ during last illness on Oct. 19, 1938
I last saw him alive on Oct. 19, 1938. Death is said to have occurred on the date stated above, at 10:15 P.m.
The principal cause of death and related causes of importance were as follows:

Heart attack
Coronary Occlusion
5 yrs. 1938
Dead suddenly
Date of onset

Other contributory causes of importance:
Coronary Disease 5 yrs. from history

Name of operation obviation Date of.....
What test confirmed diagnosis of history. 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 S. Nelson Stroud, M. D.
(Signed) S. Nelson Stroud
(Address) 607 resound

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.

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

Guy W Wilkinson

Licensed Embalmer No. _____

3575

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.)