

REC'D DEC 12 1938

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

37433
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) City..... St. Louis (d) Street No..... 2328 LaSalle St.
(e) Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 9760

2. PRINT FULL NAME 452 Delores Williams

(a) Residence, No. 2328 LaSalle St. St. 22
(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 Fem	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1936				
7. AGE YEARS 1	MONTHS 10	DAYS 27	IF LESS than 1 day, hrs. or min.	
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.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri (STATE OR COUNTRY)				
FATHER	13. NAME Cleo Williams			
	14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME Lether Wynn			
	16. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)			
17. INFORMANT Cleo Williams (ADDRESS) 2328 LaSalle St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Nelson DATE 11/18 1938				
19. FUNERAL DIRECTOR R. M. C. Green (ADDRESS) 3517 Laclede Ave.				
20. FEE NOV 10 1938 <i>J. Bredeck</i> Local Registrar.				

NO PUBLIC HEALTH ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9/38 19
22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:45 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia (Primary)

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? No
If so, specify *Joseph M. Quinn* (Signed) *Deputy Coroner* (Address)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

Not Embalmed

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

W. M. Green

Licensed Embalmer No. *1173*

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.)