

REC'D DEC 12 1938

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

37676

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City..... **St. LOUIS Mo.** (d) Street No. **St. Luke's Hospital** Registered No. **10003**
(e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

452 **Iva Williams**
(a) Residence, No. **4971 Seibert, Ave.** St. **KR** **Jardenville 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 19/ 1938**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harmon Williams**

22. I HEREBY CERTIFY, that I attended deceased from **July 1, 1938**, to **Nov 18, 1938**
last saw her alive on **Nov 18, 1938**. Death is said to have occurred on the date stated above, at **7:15 p.m.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 23/1882**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 4 26

Carcinoma of sigmoid?
H/O

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

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) **June 1938** 11. Total time (years) spent in this occupation **20 yrs.**

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Randolph County Illinois**

FATHER 13. NAME **Joseph Woolford**

Name of operation **Resection of sigmoid** Date of **11-15-38**

What test confirmed diagnosis? **sigmoid** Was there an autopsy?

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Randolph County Illinois**

MOTHER 15. MAIDEN NAME **Melissa Atchison**

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.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Bath County Kentucky**

17. INFORMANT (ADDRESS) **Mrs. Jenevieve Kincaid 4971 Seibert, Ave.**

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE **Palestine, Ill.** DATE **Nov. 21/ 1938**

24. Was disease or injury in any way related to occupation of deceased? **1**

If so, specify **Yes**

(Signed) **Dr. S. W. ...** M. D.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Albert H. Hoppe, Inc. 4700 Washington Blvd.**

(Address) **4448 Shaw Blvd.**

20. FILED **NOV 20 1938** **J. Bredex** Local Registrar.

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, _____

or by _____

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

Signed _____

Licensed Embalmer No. 1861

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.