

REC'D APR 12 1939

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

8281
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** (d) Street No. **Homer Phillips Hospital** Registered No. **2046**
(e) Length of residence in city or town where death occurred **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? (yrs. mos. ds.)

2. PRINT FULL NAME

- Alpha Williams**
(a) Residence, No. **947a W. Cabanne** 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 F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1886				
7. AGE	YEARS 52	MONTHS 2	DAYS 6	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) **Missouri**
(STATE OR COUNTRY) **0**

FATHER 13. NAME **Levi Williams** **0**

14. BIRTHPLACE (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY) **7**

MOTHER 15. MAIDEN NAME **Cornelia?**

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

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **2-3-1939**

19. FUNERAL DIRECTOR (NAME) **Wrights**
(ADDRESS) **3100 E. Main Ave.**

20. FILED **1939**
J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1**, 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 29**, 19 **39**, to **March 1**, 19 **39**

I last saw h. or alive on **March 1**, 19 **39** Death is said to have occurred on the date stated above, at **3:40a. m.**

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

Lobar pneumonia

Date of onset
1/29/39

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? **Clinical** Was there an autopsy? **yes**

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? **1**

If so, specify **H. J. Lymann**, M. D.
(Signed) **H. J. Lymann**

(Address) **2601 N Whittier**

MAR 3 1939

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*
Licensed Embalmer No. *2114*

P. O. Address *3526 Franklin*

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.