14 1939

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D MAY 11 1939

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

16037
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 2 Registration District No. 784
(b) Township 1 Primary Registration District No. 200 Registered No. 677
(c) City ~~St. Louis Co. Mo.~~ Carsonville (d) Street No. 8736 ~~Carsonville~~ Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

457 TORNER

2. PRINT FULL NAME Lottie Williams.
(a) Residence, No. 8736 ~~Carsonville~~ Ave. Turner St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 20th, 1889.

7. AGE: YEARS 49 MONTHS 7 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-Wife
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): Saint Louis, Missouri

FATHER
13. NAME: Christ Wassermann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis, Missouri

MOTHER
15. MAIDEN NAME: Christine Giger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis Missouri

17. INFORMANT (ADDRESS): Samuel Williams 8736 Carsonville, Carsonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New S.S. Peter & Paul DATE April 17th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ziegenhein Bros. 2623 Cherokee Street.

20. FILED APR 14 1939, 19 P.R. Meyer M.D. Jr. Local Registrar.

B.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 13th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to April 13, 1939
I last saw her alive on March 22, 1939. Death is said to have occurred on the date stated above, at 9 o m.
The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) — Date of onset

93 C

Other contributory causes of importance:
Ulcerative stomatitis
Ankylosis of jaw
Malnutrition

Name of operation — Date of
What test confirmed diagnosis? Physical Ex. 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
(Signed) C. E. Sterling MD, M. D.
(Address) 2050 North & South Rd.

(Licensed Embalmer's Statement on Reverse Side)

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, ...

Vearl E. Morris., or by .....,

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

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

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.