

200 JUL 12 1939

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

20439
Do not use this space

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
 (b) Township St. Louis Mo. Primary Registration District No. 1008 Registered No. 5283
 (c) City St. Louis Mo. (d) Street No. 1711 Franklin 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.

2. PRINT FULL NAME BARBARA L. Williams

(a) Residence, No. 1711 Franklin St. 25 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 5

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) (STATE OR COUNTRY) ST. LOUIS MISSOURI

FATHER 13. NAME Silas Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis TENN.

MOTHER 15. MAIDEN NAME Florida Griffin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Buff MISSOURI

17. INFORMANT (ADDRESS) Silas Williams 1711 Franklin

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE 6-14 1939

19. FUNERAL DIRECTOR (ADDRESS) Pinkie L. Toney 3129 Lucas

20. FILED UN 13 1939 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12th, 19 39

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 4:25 A.M.

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

Suffocation, when child was found under bed covers at its home 1711 Franklin Av., about 4:25 A.M., June 12, 1939. ACCIDENT.

Date of onset

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? Accident Date of injury 6/12, 1939
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury See above
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Address) _____ M.D.
Joseph M. Green Deputy Coroner

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

50M-35-20-37 I X12004

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 _____
Licensed Embalmer No. _____

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.)