

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.

JUL 12 1939

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

Do not use this space.

791
1008

20769

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis, Mo. No. Beaconess Hospital St. Ward) 5613

2. FULL NAME

(a) Residence, No. 1338 Perry St. NR Ward. Vincennes Ind
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sylvester Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21 - 1907</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>8</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	13. NAME <u>Alex Miller</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bellefleur Mo</u>
	15. MAIDEN NAME <u>Alvina Ferguson</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>

17. INFORMANT (ADDRESS) <u>Sylvester Williams</u> <u>1338 Perry St Vincennes</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vincennes Ind</u> DATE <u>6-25-39</u>
19. UNDERTAKER (ADDRESS) <u>Schneider Funeral Home</u> <u>Alumina Ind</u>
20. FILED <u>JUN 26 1939</u> <u>J.P. Zedek</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-23-1939 to 6-25-1939

I last saw her alive on 6-25-1939. Death is said to have occurred on the date stated above, at 3:20 P.M.

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

Cervical abscess complicated chronic mastoiditis

Other contributory causes of importance:
Septic thrombosis
(sudden death)

Name of operation Date of
What test confirmed diagnosis? Sudden 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) [Signature] , M. D.
(Address) 508 N. Grand Blvd.

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Embrained by

John Ketter LE No 3880

Scharis

mo.

4-8-61
12-01-62
5-21-63