

31068

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

8134

OCT 14 1939

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County 1003
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 9/1/39
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Henry Williams

8. (b) If veteran, name war

8. (c) Social Security No.

4. Sex M5. Color or race C6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Mary Williams6. (c) Age of husband or wife if alive unk years7. Birth date of deceased March 2, 1881
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

58616

hr.

min.

9. Birthplace

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

nil

11. Industry or business

MOTHER FATHER

12. Name Jerry Williams

13. Birthplace

(City, town, or county)

Virginia

(State or foreign country)

14. Maiden name Dicie ?

15. Birthplace

(City, town, or county)

Virginia

(State or foreign country)

16. (a) Informant's own signature Mary Williams(b) Address 1532a S 2nd17. (a) Burial (b) Date thereof 9 21 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director W. Richards(b) Address 2625 S. 2nd19. (a) SEP 21 1939 (b) J. P. Richards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 1532a S 2nd
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1939 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from 9/1/39
_____, 19____, to 9/18/39, 19____;
that I last saw him alive on 9/18/39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis with hypertension abt. 2 yr

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature H. J. Ryan (M. D. or D.V.M.)Address 2601 N. WhittierDate signed 9/20/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FORM 1-1931

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

W. Richardson

Licensed Embalmer No.

2928

P. O. Address

2625 Glasgow

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.