13

FILED DEC 11 1940

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

36914
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 2 721
(b) Township ..... Primary Registration District No. 1013 Registered No. 9187
(c) or City St. Louis, Mo. (d) Street No. 3631a Cousin Street 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 Adelaid Jones Williams
(a) Residence, No. 3631a Couzin Street St. 11
(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 Female
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlie Williams
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1903
7. AGE YEARS 36 MONTHS 10 DAYS 12 If LESS than 1 day, ..... hrs. or ..... min.

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. Housewife
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 0

FATHER
13. NAME Ed. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kty. 1

MOTHER
15. MAIDEN NAME Susie Dorsey 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Park, Mo.

17. INFORMANT (ADDRESS) Ida McKenzie 3631a Couzin St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Nov. 9, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dement & Son Und. 2629-31 Wash St.
20. FILED NOV 8 1940 19 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH
Nr Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1940
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 8.00 P.
The principal cause of death and related causes of importance were as follows:

Cardiac Hypetrophy
Chronic Glomerular Nephritis
Hydro Thorax

Date of onset

Other contributory causes of importance: 31

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Alfred J Perry DSG, M. D.
(Address) Deputy Coroner

(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~~ L. Boy

....., Registered Apprentice No. Impy

working under my personal supervision.

Signed Lonnie Boylin

Licensed Embalmer No. 294

P. O. Address St. Louis M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**