

REC'D FEB 10 1939

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

286
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 286
(c) City St. Louis (d) Street No. St. Luke's Hosp. 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 Elizabeth A. Williamson

(a) Residence, No. 3840 Fairview St. 16
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. J. Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) St. Louis
(STATE OR COUNTRY)

13. NAME Schaeffler

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Estelle Bressel
(ADDRESS) 3840 Fairview

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Jan. 10, 1939

19. FUNERAL DIRECTOR (NAME) Vacker-Helderle
(ADDRESS) 2331 So. Broadway

20. FILED JAN 9 1939 J. F. Buchak Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 10th 1938 to January 7th 1939
I last saw her alive on January 7th 1939 Death is said to have occurred on the date stated above, at 2:02 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Anoxemia
Hypertensive Heart Disease
Date of onset 1/1/39

Other contributory causes of importance:

Diabetes Mellitus

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury

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 Robert L. Dury, M. D.
(Signed) Robert L. Dury
(Address) 3548 So. Grand
St. Louis Mo

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,

Robert C. Wheeler

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Robert C. Wheeler

Licensed Embalmer No.

2128

P. O. Address

St. Louis, Mo.

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.