

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

27900

Registrar's No.

7400

Registration District No.

791  
1008

Primary Registration District No.

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis Hospital /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Days  
 (Specify whether \_\_\_\_\_)  
 In this community Five Years  
 years, months or days) \_\_\_\_\_

3. (c) PRINT FULL NAME ROBERT V. WILLIAMSON, SR.8. (b) If veteran, name war None 3. (c) Social Security No. 492583-96804. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mildred O. Williamson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased June 21 1879  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
60 2 7 hr. min.9. Birthplace Locksberg Ark.  
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Rice, Stix Co.12. Name Edmond Williamson /13. Birthplace South Carolina (State or foreign country)14. Maiden name Laura Hudson15. Birthplace South Carolina  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Mildred O. Williamson(b) Address 3945 Canterbury Dr. P.D.17. (a) m Burial (b) Date thereof Aug. 28m  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation DeQueen, Ark.18. (a) Signature of funeral director Math. Hermann & Son(b) Address 2161 East Fair Avenue19. (a) AUG 28 1939 (b) J. D. [Signature]  
(Date of burial or registration) (Signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County ST LOUIS  
 (c) City or town PASADENA HILLS ST. LOUIS (NR)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3945 Canterbury Dr.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? Since Birth years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th  
year 1939 hour 9 minute 0 P. M.21. I hereby certify that I attended the deceased from 8-21-39  
to 8-27-39, 19\_\_\_\_;  
that I last saw him alive on 8-27-39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis of internal  
carotid (left) intracranial

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:

Of operations Arteriosclerosis of carotidintracranialOf autopsy Same.

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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 J. D. [Signature] (M. D. or other) \_\_\_\_\_Address Beaumont Bldg Date signed 8/27/39

(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.

MOTHER FATHER

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**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

*Leroy Hampton*

Licensed Embalmer No *2967*

P. O. Address *216 E. Fair Ave*

**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.**