DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34240 8778

Registration District No. 791 1002

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: REC'D NOV 13 1939

(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 BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illionois (b) County

(c) City or town Pleasant Hill (If outside city or town limits, write "RURAL") NR

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lou Ella Williamson 4520

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 17 (Day) 1881 (Year)

8. AGE: Years 57 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Nebo, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Main
13. Birthplace Time, (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ellen Lord
15. Birthplace Nebo, (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature Maybelle Windmiller

(b) Address Louisiania, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/15/39 (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 15 1939 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1939 hour 8 minute 45 a. M.

21. I hereby certify that I attended the deceased from Sept. 28, 1939, to Oct 14, 1939 that I last saw her alive on Oct 14, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolus	20 Min
Due to Post operative	
Due to	
Other conditions appendiceal Abscess (Include pregnancy within 3 months of death)	
Major findings: Of operations Appendiceal abscess	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature BARNES HOSPITAL (M. D. or other)

Address Barnes Hosp. Date signed

(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.

I X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.