S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37564

FILED DEC 11 1940

Registration District No. 791 1

Primary Registration District No. 1003

Registrar's No. 9837

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4840 Labadie 2 (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 Mo (b) County

(c) City or town St Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 4840 Labadie (If rural, give location)

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

3. (a) PRINT FULL NAME Charles Williamson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Myrtle Williamson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Dec 20 1867 (Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired Harness Maker 1

11. Industry or business

FATHER
12. Name George Williamson
13. Birthplace Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah (Unknown)
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Hubert Williamson

(b) Address 4840 Labadie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Sullivan

(b) Address 2849 No Euclid

19. (a) NOV 30 1940 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 19th, 1940, to Nov 30th, 1940; that I last saw him alive on Nov 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Unable to say

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 Peter A Eck M.D. (M. D. or other)

Address 4701 St Louis Ave Date signed Nov 30-40

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Mayfield

Licensed Embalmer No. 3077

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.