

No. 2  
4-13-40  
5-17-39  
X23151

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40496**

Registrar's No. **10267**

**FILED JAN 15 1947 91**  
Registration District No. ....

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution: 5169 Cates Ave. **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 **12**  
(If outside city or town limits, write "RURAL")

(d) Street No. 5169 Cates Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ida L. Williamson

(b) If veteran, name war..... (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12  
year 1940 hour 7 minute 50 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Curnel S. Williamson 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Mar. 18 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 18 1940 to Dec 12 1940  
that I last saw her alive on Dec 12 - 1940  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>24</u>	hr. min.

Immediate cause of death Cancer of right breast **Indef**

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

10. Usual occupation Housewife **7**

11. Industry or business..... **9**

MOTHER FATHER

12. Name Unknown **9**

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant C. S. Williamson

(b) Address 5169 Cates Ave.

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?.....

17. (a) Burial (b) Date thereof 12-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address L905 Union Blvd.

19. (a) DEC 14 1940 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Brudick (M. D. or other) **1**

Address 3140 Cates Ave. Date signed 12/14/40

3601 Center Dr  
7-8 a.m.

**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.....

A. R. Thompson Registered Apprentice No. 248  
working under my personal supervision.

Signed R. M. Garfield  
Licensed Embalmer No. 2273  
P. O. Address Shenier

**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, fact should be so stated above.**