

FILED JUN 22 1942
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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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2324 Tower Grove Ave. /
(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
(If outside city or town limits, write "RURAL.")

(d) Street No. 2324 Tower Grove Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Edward C. Williamson

3. (b) If veteran, name war None

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 Emma Williamson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 22nd 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1942 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from June 4 1942 to June 9th 1942
that I last saw him alive on June 9th 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

72 0 18 hr. min.

Immediate cause of death Chronic Myocarditis Arterio-Sclerosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation Carpenter

11. Industry or business.....

12. Name Joseph C. Williamson

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

14. Maiden name Luticia Campbell

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Williamson
(b) Address 2324 Tower Grove

17. (a) Burial (b) Date thereof 6-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 10 1942 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature Paul B. Webb (M. D. or other) MD
Address 3467 Wagonway Date signed 6/10/42

1-3
No 1388 3461 Seargeant
W. Paul Well

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 Edmund J Mc Dermott

Licensed Embalmer No. 3024

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, fact should be so stated above.