

FILED AUG 25 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6911

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:  
Alexian Bros. Hosp.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 21 days  
(Specify whether years, months or days)  
 In this community 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3840 Fairview  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME William J. Williamson

3. (b) If veteran, name war no 3. (c) Social Security No. 494-03-9318

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
 (b) Name of husband or wife Elizabeth (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 4 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name William J. Williamson  
 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)

16. (a) Informant Mrs. E. Bressel  
 (b) Address 3840 Fairview

17. (a) Burial (b) Date thereof 8/17/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter H. Haddock  
 (b) Address 3634 Gravois Ave.

19. (a) AUG 17 1942 (b) J. F. Bussell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1942 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 24 to July 15, 1942  
 that I last saw him alive on July 15, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Phonchial pneumonia 2 day  
Cardiac failure  
gangrene of leg

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 10/15/42  
 Of autopsy 1/10/42

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? \_\_\_\_\_

23. Signature Leon A. Breen (Specify type of place) \_\_\_\_\_ while at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 Address 2800 North Franklin signed 8/15/42

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

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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.....

*Robert Corbule*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*St Louis, Mo*

**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.**