

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

2-3196  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9613  
Registrar's No. 2857

FILED APR 1 1944  
318  
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis Missouri  
(b) City or town St. Louis Missouri  
(c) Name of hospital or institution: St. Louis City Hospital  
(d) Length of stay: In hospital or institution 2 Mos. - 7 days  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town City of St. Louis 17 925  
(d) Street 611 Spruce Street  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME SAMUEL WILLIAMSON  
3. (b) If veteran, name war none  
3. (c) Social Security No. none  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 14, 1882  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 24th  
year 1944 hour 8 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Feb. 17th  
1944 to March 24th 1944  
that I last saw him alive on March 24th 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
61 7 10 hr. min.

Immediate cause of death Pulmonary tuberculosis  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

11. Industry or business  
12. Name unknown  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown

16. (a) Informant Lester Williams  
(b) Address 401 Kingston Dr. Lemay Mo.  
17. (a) burial (b) Date thereof 3-28-44  
(c) Place: burial or cremation Mt. Olive Cemetery  
18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 So Grand Blvd.

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place)  
(e) Means of injury  
23. Signature Frank Feilley (M. D. or other) No. 9  
Address 15150 Lafayette Date signed 3/25/44

19. (a) MAR 27 1944 (b) J. F. Redwood (Registrar's signature)

**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..... *Virgil L. Berryman*  
Licensed Embalmer No. *4018*  
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.**