

FILED JUN 30 1944

818

Primary Registration District No.

1003

State File No.

Registrar's No.

5707

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 4 (Specify whether
In this community 4 years, months or days)

3. (a) PRINT FULL NAME WILLIAM BERNARD SAMSON

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 Single

6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March 7 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business General grain farmer

12. Name Anton B. Samson

13. Birthplace St. Genevieve Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliz. C. Sickmeyer

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

16. (a) Informant C. B. Breaux

(b) Address St. Louis, Mo.

17. (a) removal (b) Date thereof 6-24-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo, Ill.

18. (a) Signature of funeral director Aug M. Wagner

(b) Address Waterloo, Ill.

19. (a) 1944 (b) J. F. Breaux
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Monroe 199
(c) City or town rural (If outside city or town limits, write "RURAL") 11
(d) Street No. near Fulls, Ill. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) N.R.
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1944 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 20, 1944 to June 23, 1944
that I last saw him alive on June 23, 1944
and that death occurred on the day and hour stated above.

Immediate cause of death Broncho pneumonia Duration _____

Due to Uremia
Diabetes mellitus

Due to Hypertensive cardiovascular disease

Other conditions Hemiplegia, left
(Include pregnancy within 3 months of death)

Major findings: Of operations GI PHYSICIAN _____

Of autopsy none performed 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 J. F. Breaux (M. D. or other) _____
Address BARNES HOSPITAL Date signed 6/23/44

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Burt H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

St. Louis

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.