

Registration District No. 317

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Agnes Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 34 months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2227-Wengler Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theresa Williamson

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased July 12 1859  
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name Antony Volmer

13. Birthplace Italy  
(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 Oliver J. Williamson

(b) Address 2227-Wengler Ave. Overland, Mo

17. (a) Burial (b) Date thereof 7-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director. Blumstein Bros Inc.

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) 7-1-46 (b) C. J. McDevaney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1946 hour 5 minute 45 A. M.

21. I hereby certify that I attended the deceased from 10/4/45  
to 6/24/46  
that I last saw her alive on 6/24/46  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (Rt sided paralysis) Duration 3 days  
Due to Generalized Arteriosclerosis 10 yrs

Due to 83-a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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?

While at work (Specify type of place) (c) Means of injury \_\_\_\_\_

3. Signature John King M.D. (M. D. or other) M.D.  
Address 621 E. Big Bend Rd Date signed 6/28/46

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

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3

2011

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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 *Gustave R. Baumann*

Licensed Embalmer No. *2315*

P. O. Address *Overland, 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.**