No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36423

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9066

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2819 Thomas
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Felix Williamson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased April 7 1879
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 19 If less than one day hr. min.

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

10. Usual occupation Nil LABOR

11. Industry or business

FATHER
12. Name John Williamson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ElizaHart
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant CALLIE NELSON
(b) Address 1702 N TALOT

17. (a) BURIAL (b) Date thereof 10-1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FATHER DICKMAN

18. (a) Signature of funeral director BOYD BROS F. HOME
(b) Address 3704 FINNEY

19. (a) SEP 30 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1947 hour 4 minute 55 P M.

21. I hereby certify that I attended the deceased from Sept. 2 1947 to Sept. 26 1947
that I last saw him alive on Sept. 26 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	Undet.
Due to	
Due to	
Other conditions: Carcinoma of Prostate (Include pregnancy within 3 months of death)	

51

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 John B Clayton (M. D. or other)

Address 2601 N Whittier Date signed 9/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Page Blvd

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.

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