S. No. 300
EV. 10.46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35765

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9508

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2709 DELMAR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2219
d. STREET ADDRESS (If rural, give location): 2709 DELMAR BLVD.

3. NAME OF DECEASED (Type or Print)
a. (First): AMERICA
b. (Middle):
c. (Last): WILLIAMSON

4. DATE OF DEATH (Month) (Day) (Year): 10-24-51

5. SEX: FEMALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: NOV. 13-1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 11, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: BEN JOHNSON
13b. MOTHER'S MAIDEN NAME: CINDY BULTNER
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mabie Wash — **ADDRESS**: 2709 Delmar

18. CAUSE OF DEATH — **MEDICAL CERTIFICATION**

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute My-O-carditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Gastritis as a

DUE TO (c) result of eating vegetables

II. OTHER SIGNIFICANT CONDITIONS*

Conditions contributing to the death but not related to the disease or condition causing death. Rheumatism & Neuritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Neuritis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 0449.2

22. *I hereby certify that I attended the deceased from* 10-10, 1951, *to* 10-24, 1951, *that I last saw the deceased alive on* 10-24, 1951, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. E. HURT (Degree or title): M.D.
23b. ADDRESS: 3000a Easton
23c. DATE SIGNED: 10-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-30-51
24c. NAME OF CEMETERY OR CREMATORY: OAKDALE CEM.
24d. LOCATION (City, town, or county) (State): ST. LOUIS

DATE REC'D BY LOCAL REG. OCT 27 1951
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: PETTIS FUNERAL HOME 4161 WASHINGTON
M.B.
(Licensed Embalmer's Statement on Reverse Side)

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

Transcribed and summarized by Rick Sergeant

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

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.