

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17340**  
Registrar's No. **4351**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 mos.</b>		c. CITY OR TOWN <b>14 TOWN St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4812 Wherry</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruby</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Williamson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 13, 1954</b>	
5. SEX <b>Fe</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>March 24, 1908</b>	
9. AGE (In years last birthday) <b>46</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>E. St. Louis Schools</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>East St. Louis, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William J. Williamson</b>		13b. MOTHER'S MAIDEN NAME <b>Lavada Sumner</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lavada Williamson, 4812 Wherry</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphosarcoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
19a. DATE OF OPERATION <b>7-6-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Swaggy of lymph node: Lymphosarcoma</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>---</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>---</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>---</b>	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>2001</b>					
22. I hereby certify that I attended the deceased from <b>March 25, 1953</b> , to <b>May 13, 1954</b> , that I last saw the deceased alive on <b>May 13, 1954</b> , and that death occurred at <b>5:00p m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Grace E. Berger, M.D.</b>				23b. ADDRESS (Degree or title) <b>9114 N. Taylor Ave., St. Louis</b>		23c. DATE SIGNED <b>5-14-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 17, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Campbell Hill, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>MAY 14 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>G. Hoffmeister</b>		ADDRESS <b>Colonial Mortuary, Chippewa</b>	

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

Dr. Grace E. Bergner  
114 N. Taylor

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2679

P. O. Address 7817 T. ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.