

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44138**
11635
Registrar's No.

W. E. **JAN 18 1955**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1		e. STREET ADDRESS (If rural, give location) 26 815 Buchanan Avenue 2269 0	

3. NAME OF DECEASED (Type or Print) a. (First) TED b. (Middle) c. (Last) WILLIAMSON	4. DATE OF DEATH (Month) (Day) (Year) 12 19 54
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Nov. 25, 1880	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 MIN. Hours	12. CITIZEN OF WHAT COUNTRY? U.S.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Nurse	10b. KIND OF BUSINESS OR INDUSTRY City Infirmary	11. BIRTHPLACE (City and State or Foreign Country) Paynesville, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Williamson	13b. MOTHER'S MAIDEN NAME Mattie Kurrie	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-03-9597	17. INFORMANT'S SIGNATURE OR NAME Thomas Williamson ADDRESS 21-26 1/2 Street Granite City, Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma to lung & pneumonia ANTECEDENT CAUSES Metastases to liver & liver failure 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 162x
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22. I hereby certify that I attended the deceased from **12-2**, 19**54**, to **12-19**, 19**54**, that I last saw the deceased alive on **12-19**, 19**54**, and that death occurred at **8:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. E. McDermott, M.D.	23b. ADDRESS 1515 Lafayette Ave.	23c. DATE SIGNED 12-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 19, '54	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Edwardsville, Illinois
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DATE REC'D BY LOCAL REG. DEC 22 1954	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Frank Meese ADDRESS Granite City, Ill.
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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... *Charles E. Mercer*

Licensed Embalmer No. *290*

P. O. Address *Granite*

**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.**