No. 300
10.48

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3254

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0158

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): 5wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 5560 Cates

2059

3. NAME OF DECEASED (Type or Print): a. (First) Allem b. (Middle) Dale c. (Last) Williamson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec. 28, 1895
9. AGE (In years last birthday): 59ys — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Granite City Steel
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Jacob Lindsay Williamson
13b. MOTHER'S MAIDEN NAME: Alice H. Cross
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 333-03-4508
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Gladys Behrle 5560 Cates Ave

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma rectum — INTERVAL BETWEEN ONSET AND DEATH: 2years

ANTECEDENT CAUSES

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

DUE TO (b) Polyposis colon — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Terminal Bronchopneumonia — 3days

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

19a. DATE OF OPERATION: 12-31-54
19b. MAJOR FINDINGS OF OPERATION: Massive invasion anus, rectum prostate, No macroscopic metastases
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): 154 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* November 1954, *to* January 6, 1955, *that I last saw the deceased alive on* 1-5-55, 19___, *and that death occurred at* 4:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alfred W Clark (Degree or title): M.D.
23b. ADDRESS: 864 Hamilton Blvd St. Louis 12 Mo
23c. DATE SIGNED: 1-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 8, 1955
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: JAN 7 1955
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Alexander & Sons 6175 Delmar
MDB
(Licensed Embalmer's Statement on Reverse Side)

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

Dr J. Fred Clark

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jos. E. McCullah

Licensed Embalmer No. 246

P. O. Address 6175 Dell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.