

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10400**
Registrar's No. **2884**

REG. DIST. NO. **318**

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

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2884	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <i>Missouri</i> b. COUNTY _____			
b. CITY OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>D.O.A. Home of Phillips</i>				e. STREET ADDRESS (If rural, give location) <i>21 2945 Franklin 2219</i>			
3. NAME OF DECEASED a. (First) <i>Rosie</i> b. (Middle) <i>Williamson</i> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <i>March 28, 1955</i>				
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Jan. 19, 1902</i>		9. AGE (In years last birthday) <i>53</i> 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) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <i>Jackson Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <i>Charles Jackson</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		13c. NAME OF HUSBAND OR WIFE <i>Marshall Williamson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Rosie Mattox 2945 Franklin</i>			
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) <i>Hypertensive Cardiovascular disease</i> 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 _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>443X</i>			
22. I hereby certify that I attended the deceased from <i>2-18, 1954</i> , to <i>3-1, 1955</i> , that I last saw the deceased alive on <i>3-1, 1955</i> , and that death occurred at <i>12:48 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>La Cadene A Hill MD</i>				23b. ADDRESS <i>1417 Franklin</i>		23c. DATE SIGNED <i>3-29-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>General</i>		24b. DATE <i>April 1, 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo</i>	
DATE REC'D BY LOCAL REG. MAR 30 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>B. F. Foster 1221 N. Grand</i>			

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 *Gayton Swan*.....

Licensed Embalmer No. *458*.....

P. O. Address *1221 K*.....

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.