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FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29333
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7224

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, give TOWNSHIP only) OR TOWN ST. LOUIS 6, MISSOURI — Inside Limits Yes X No ☐

c. CITY OR TOWN ST. LOUIS 2219 0 — Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL 915 Grand — Length of stay in 1b All Days

21 d. STREET ADDRESS 3312 Laclede (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First FONNIE Middle (NMI) Last WILLIAMSON

4. DATE OF DEATH Month Day Year 8-17-56

5. SEX MALE 2

6. COLOR OR RACE COLORED

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED 2 X

8. DATE OF BIRTH 10-13-88

9. AGE (In years last birthday) 67 yrs. — 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) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and state or country) Huntington, Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Williamson

14. MOTHER'S MAIDEN NAME Mattie Goodrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT VA HOSPITAL RECORDS Address ST. LOUIS 6 MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF THE PROSTATE — INTERVAL BETWEEN ONSET AND DEATH UNK

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - -

DUE TO (c) - - - -

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) - - - -

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE NONE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - 177X -

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year - -

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -

20f. CITY, TOWN, OR LOCATION COUNTY STATE -

21. I attended the deceased from 8/6/56, to 8/17/56 and last saw ~~her~~ him alive on 8/17/56
Death occurred at 7:38 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph T. Kaminskas M.D. — Degree or title

22b. ADDRESS VAH, 915 N Grand St.Louis, Mo.

22c. DATE SIGNED 8/17/56

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 8-21-1956

23c. NAME OF CEMETERY OR CREMATORY National

23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR Dunn Funeral HOME ADDRESS 215 So.Jefferson

25. DATE RECD. BY LOCAL REG. AUG 20 1956

26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Vaillard.....

Licensed Embalmer No. 42

P. O. Address 4107 Ju

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