

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020292  
STATE FILE NUMBER

FILED MAY 26 1958 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5032**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST CLAIR</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>ST LOUIS</b> TOWN <b>0</b>		c. CITY OR TOWN <b>81268 32 EAST ST LOUIS ILL</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FIRMIN DESLOGE</b>		d. STREET ADDRESS <b>2629 RENSHAW</b>	
Length of stay in lb <b>3 1/2 days</b>		(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>WILLIAMSON</b> Last <b>WILLIAMSON</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>10</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 2 1875</b>	9. AGE (In years last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COAL MINER</b>		11. BIRTHPLACE (City and state or country) <b>SCOTLAND 4</b>	
13. FATHER'S NAME <b>JOHN WILLIAMSON</b>			14. MOTHER'S MAIDEN NAME <b>UNKNOWN</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>NONE</b>		17. INFORMANT <b>Dr. W. Williams</b> Address <b>2929 Caseyville</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio Sclerotic Heart Disease</b>		-
	DUE TO (c) <b>Hypertension</b>		<b>10 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>HIUSA South Grand</b> COUNTY STATE
21. I attended the deceased from <b>5.6.1958</b> to <b>5.10.58</b> and last saw <sup>her</sup> him alive on <b>5.10.58</b> Death occurred at <b>1:30</b> <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Carlo Laisola, MD</b>	22b. ADDRESS	22c. DATE SIGNED
	<b>HIUSA South Grand</b>	<b>5.10.58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 13 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREEN WOOD</b>	23d. LOCATION (City, town, or county) (State) <b>CANTEN EAST ST LOUIS ILL</b>
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24. FUNERAL DIRECTOR <b>Robinson Funeral Home</b> ADDRESS <b>E St Louis Ill</b>	25. DATE RECD. BY LOCAL REG. <b>MAY 12 58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>
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health, Welfare public service  
 300 15-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. ATT  
 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 embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Frank Proff*.....  
Licensed Embalmer No. *43*  
P. O. Address *Scraper*.....

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.