URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-017678
STATE FILE NUMBER

FILED VS MAY 6 1960

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1365

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson — Length of stay in 1b 5 Mo.	c. CITY OR TOWN Ferguson — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Knoll Nu. Home — Inside Limits Yes ☑ No ☐	d. STREET ADDRESS (If outside, give location) 25 N. Clark Ave. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print)	First: Frederick	Middle: Gordon	Last: Williamson	4. DATE OF DEATH	Month: April Day: 24, Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☑ Widowed ☐ Never Married ☐ Divorced ☐	8. DATE OF BIRTH: 2-25-78	9. AGE (last birthday): 82	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Manager	10b. KIND OF BUSINESS OR INDUSTRY: Brake	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY: U. S.		
13a. FATHER'S NAME: John Williamson	13b. MOTHER'S MAIDEN NAME: Annie P. Gordon	14. NAME OF HUSBAND OR WIFE: Mary Williamson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----	16. SOCIAL SECURITY NO.: 169-05-8008	17. INFORMANT: Virginia Krieger, Address: Ferguson, Mo.			

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) Carcinomatosis, primary site unknown — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

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

DUE TO (b)

DUE TO (c) ~~Asbestos~~

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Cardio Vascular Disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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 July 6, 1959, to April 24, 1960 and last saw him alive on April 20, 1960

Death occurred at 9 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles D. Martin M.D.	22b. ADDRESS: 111 Church Ferguson	22c. DATE SIGNED: 9/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 4-26-60	23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.		
24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mortuary, Ferguson, Mo.	25. DATE RECD. BY LOCAL REG.: 4-26-60	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Reinhold K Lohrma

Licensed Embalmer No. 3395

P. O. Address St Louis 3

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