MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31445

1. PLACE OF DEATH
County: St Louis — Registration District No. 790 — File No.
Township: — Primary Registration District No. 6038 — Registered No. 277
City: Richmond Hts (No. 7412, Clayton Road St. Ward)

2. FULL NAME: William M. Courson
(a) Residence. No. 7412 Clayton Road St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Courson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 20 – 1858

7. AGE: Years 68 | Months 10 | Days 27 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer Station 131
(b) General nature of industry, business, or establishment in which employed (or employer): 93
(c) Name of employer: City of St Louis Mo

9. BIRTHPLACE (CITY OR TOWN): Louisville
(STATE OR COUNTRY): Ky

PARENTS
10. NAME OF FATHER: John M. Courson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Alabama
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Rebecca Wallace
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mclaine
(STATE OR COUNTRY)

14. INFORMANT: Melville Courson
(Address): 7412 Clayton Road

15. FILED: Oct 17, 1927 J. B. Fiddleth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 16 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1927, to Oct 16, 1927, that I last saw him alive on Oct 16, 1927, and that death occurred, on the date stated above, at 4:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
Acute Dilatation of Heart
(duration) yrs. 2 mos. 24 ds.
CONTRIBUTORY (SECONDARY): Myocarditis Chronic
(duration) yrs. 2 mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED? 1270
IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) Louis N Ermann, M. D
Oct 17, 1927 (Address) 6700 Delmar Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove Cemetery — DATE OF BURIAL: Oct 18 1927

20. UNDERTAKER: Cullmane Bros — ADDRESS: 1710 N Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

6700 a Delmarau
Cat - 8185
" 4786