

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

Do not use this space.

32750

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis Mo.**

Registration District No. **791**
1003
Primary Registration District No.
(No. **3442a Hartford St.**)

File No.
Registered No. **9613**

2. FULL NAME **Minnie Williamson**

(a) Residence, No. **3442a Hartford St.** St. **16** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis Williamson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 16th, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

49 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Red Bud Ill.**

13. NAME **Guttlieb Koester**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Louis Williamson** (ADDRESS) **3442a Hartford**

18. BURIAL, CREMATION OR REMOVAL PLACE **Sun Set Burial Pl.** DATE **9-14 1931**

19. UNDERTAKER **Thaskey Halderle** (ADDRESS) **2321 Broadway**

20. FILED **SEP 13 1931** Registrar **Max C. Strickland**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 11th 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 2 1930** to **Sept 11th 1931**.
I last saw her alive on **Sept 11**. Death is said to have occurred on the date stated above, at **3:10 p.m.**

The principal cause of death and related causes of importance were as follows:

**Carcinoma of ovary
Cerebral arteriosclerosis
Abdominal arteriosclerosis**

Other contributory causes of importance:
Carcinoma of ovary

Name of operation **Partial hysterectomy** Date of **Dec 4 1930**
What test confirmed diagnosis? **Pathological specimen** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury 19.....
Where did injury occur? **no** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Henry P. Keyes**, M. D.
(Address) **514 Metropolitan Bldg**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V.S. NO. 2.

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.

Dr. Henry Paul Taylor
10/15/1900

Salpingo-oophorectomy

1. History of Present Illness

2. Past History

3. Physical Examination

4. Laboratory Examinations

5. Pathological Findings

6. Diagnosis

7. Prognosis

8. Treatment

9. Operation

10. Post-operative Course

11. Pathological Findings

12. Discussion

13. Summary

14. References