

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.

MAR 12 1936

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

Do not use this space.

7627

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1903**

City *Saint Louis*.....

(No. *Isolation Hospital*).....

File No. **1277**

Registered No.

St. Ward.....

2. FULL NAME *Marlene Williamson*

(a) Residence, No. *3218 Senger* St. *17* Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. *4* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 25, 1935*

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

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

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

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) *Illinois, Bellville*

13. NAME *Elmer Williamson*

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

15. MAIDEN NAME *Edna Croisac*

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

17. INFORMANT *A. Kelly 5600 Arsenal* (ADDRESS) *Isolation Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marion St* DATE *Feb 4* 19*36*

19. UNDERTAKER *Pete Brown* (ADDRESS) *3034 Lafayette St*

20. FILED *FEB - 1 1936* *J. T. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 2, 1936* 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 30*, 19*35*, to *Feb 2*, 19*36*

I last saw h. h. alive on *Feb 2*, 19*36*. Death is said to have occurred on the date stated above, at *9:45 P.M.*

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

Meningococcus meningitis

Other contributory causes of importance: *18*

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) *C. E. Smith*, M. D.

(Address) *5707 Arsenal St. Louis, Mo.*

