

MAY 7 1937

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

Do not use this space.

14568

## 1. PLACE OF DEATH

County.....

Registration District No. ....

791  
1003

File No. ....

Township.....

Primary Registration District No. ....

Registered No. 4064

City St. Louis.....

(No. City Hospital No. 1 /

St. .... Ward)

B. 18019

## 2. FULL NAME

Marshall Williamson

(a) Residence, No. 2100 Waverly St., 23 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 male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Williamson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
75		1	24	

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

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

10. Data 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) Ohio

13. NAME Marion Williamson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Louise Maxwell

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

17. INFORMANT Hosp, Info M.H. Kent (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Abraham Vanke DATE April 17 37

19. UNDERTAKER Muller Bros (ADDRESS) 4257 Grand Blvd

20. FILE APR 17 1937 J. H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15/37

22. I HEREBY CERTIFY, That I attended deceased from 3/19/37 to 4/15/37

I last saw him alive on 4/15/37

Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Septicemia - Staph. Hemolyticus  
1. suppurative abscess of prostate  
Phosphorus excess  
Date of onset 4/12/37  
1926  
?

Other contributory causes of importance: 137

Lap.otomy 3/25/37  
Name of operation 2nd stage suppurative embolization Date of 4/18/37

What test confirmed diagnosis? Culture Was there an autopsy? Yes

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

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) Thos W. Soom, M. D.

(Address) City Hospital No. 1

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.

