AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County 2 Registration District No. 791 File No. 26110

Township 1 Primary Registration District No. 1003 Registered No. 7284

City St. Louis, Mo. (No. 5904 Theodosia Ave. St. Ward)

2. FULL NAME John W. Williamson.

(a) Residence, No. 5904 Theodosia Ave St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1869.

7. AGE: 68. YEARS: MONTHS: 5. DAYS: 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Ill.

FATHER

13. NAME J.J. Williamson.

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

MOTHER

15. MAIDEN NAME Sterman.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Mrs. J.W. Williamson. 5904 Theodosia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary. DATE Aug. 2, 1937.

19. UNDERTAKER (ADDRESS) Math Hermann & Son. 2161 East Fair Ave.

20. FILED AUG 31 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1933 to July 30 1937

I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 6.45 A.M.

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

Organic Valvular heart lesion

Date of onset

Other contributory causes of importance:

nephritis chronic interstitial

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) J W Lam, M. D.

(Address) Pasteur Bldg

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.