

1939 MAR 13 1939

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

4998
Do not use this space.

791

1003

1691

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City or ST. LOUIS MO. (d) Street No. 3950 RUSSELL BLV. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MATHILDA F. WILLIAMSON
(a) Residence, No. 3950 RUSSELL BLV. St. 17 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HARRY WILLIAMSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 15-1856
7. AGE YEARS 82 MONTHS 2 DAYS 6 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME DR. D. M. INTYRE

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

MOTHER 15. MAIDEN NAME JANE WADDELL

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

17. INFORMANT (ADDRESS) MRS. M. E. KERRIGAN
3950 RUSSELL BLV.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS, CEM. DATE FEB. 23, 1939

19. FUNERAL DIRECTOR (NAME) E. J. Schmur (ADDRESS) 3125 Lafayette Ave.

20. FILED FEB 22 1939 J. B. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1939 to February 21, 1939.
I last saw h. l. alive on February 21, 1939. Death is said to have occurred on the date stated above, at 12:11 m.
The principal cause of death and related causes of importance were as follows:

Owner of Terminal (esophageal)
Primary seat in esophagus

Other contributory causes of importance:
46

Name of operation M. Def. Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

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? yes
If so, specify (O.B. FICKEN)
(Signed) Orval W. Oulfsen, M. D.
(Address) 3148 Olive St.

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. WRITE PLAINLY, WITH OBTAINING INFORMATION IS A PERMANENT RECORD.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John B. Rollman

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.