

JUL 12 1939

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

20254
Do not use this space.

791
1003

5098

1. PLACE OF DEATH

(a) County..... / Registration District No.....
(b) Township..... / Primary Registration District No.....
(c) City..... St. Louis (d) Street No..... Homer Phillips Hospital 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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 452 Roy Williamson 1926 Goode St. / /
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1892
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 47 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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) Kansas (STATE OR COUNTRY) /

FATHER 13. NAME Andrew Williamson /

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) /

MOTHER 15. MAIDEN NAME Charity Kirkpatch

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

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 5-8-1939

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home (ADDRESS) 2820 Stoddard St

20. FILED JUN 6 1939 J. D. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1939 19
22. I HEREBY CERTIFY, That I attended deceased from April 30, 1939, to June 2, 1939, 19.
I last saw him alive on June 2, 1939, 19. Death is said to have occurred on the date stated above, at 2:25 p. m.
The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease Date of onset 4/30/39

Other contributory causes of importance: Chronic nephritis

Name of operation clinical Date of...
What test confirmed diagnosis? 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?
If so, specify... (Signed) H. J. Linneman, M. D. (Address) 2601 N Whittier

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

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.

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 Lonnie Boykin
....., Registered Apprentice No. myself
working under my personal supervision.

Signed

Lonnie Boykin

Licensed Embalmer No.

2946

P. O. Address

St Louis Mo.

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.