

Registration District No. 791
1000 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
On Street of St. Louis, Mo. General
(If public hospital or institution, write street number or location)
(d) Length of stay: _____
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Joseph Williamson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug. 6, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>5</u>	<u>10</u>	_____ hr. _____ min.

9. Birthplace Rothesay, Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Social Security

12. Name Geo. Williamson

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Le Crea

15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cathleen Williamson

(b) Address 6029 Maple Ave.

17. (a) Cremation (b) Date thereof Jan. 19 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alvin...

(b) Address 612 1/2 E. Main St.

19. (a) JAN 18 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6029 Maple Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 21 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 16
year 1940 hour _____ minute 8 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Primary Dehydration

Due to Primary Dehydration

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 948
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

23. Signature Alfred Perry (M. D. or other) _____

Address Alfred Perry Date signed 1.17.40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

Albert C. White....., Registered Apprentice No. 209
working under my personal supervision.

Signed Gos. E. McCulloch.....

Licensed Embalmer No. 2460.....

P. O. Address 61708 Eemar.....

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.