

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Walter Bernard Williamson

3. (b) If veteran, name war No
3. (c) Social Security No. 489-01-3540

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

6. (b) Name of husband or wife June Parsons Williamson
6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased April 27 1903
(Month) (Day) (Year)

8. AGE: Years 37 Months 1 Days 2
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Brewery Chauffeur

11. Industry or business _____

MOTHER FATHER { 12. Name Oliver Williamson
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Catherine McNichols
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs June Williamson

(b) Address 4516 a Labadie Ave

17. (a) Burial (b) Date thereof 6/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery, Stroot - Carroll

18. (a) Signature of funeral director 4600 Natural Bridge Ave
(b) MAY 31 1940

19. (a) MAY 31 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. 4516 a Labadie Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1940 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from 4-26-39
to 5-29-40
that I last saw him alive on 5-28-40
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Testis
4-26-39 to 5-29-40 Duration

Due to metastasis to lungs

Due to 51

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations Ca (embryonic) of testicle
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____

23. Signature John O. Snare (M. D. or other) Med
Address 3633 Fair Ave Date signed 5-29

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Frank H. Stroy

Licensed Embalmer No. 2265

P. O. Address

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.