U. S. No. 2
DM—9-4-41
5-17-39
P I X29384

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8930

FILED MAR 20 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2329

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Johns Hospital O
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 914
(If outside city or town limits, write "RURAL")

(d) Street No. 5819 Delor ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME NETTIE E. WILLIAMSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Late Daniel G. Williamson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 11th (Day) 1875 (Year)

8. AGE: Years 67 Months 6 Days 28 If less than one day hr. min.

9. Birthplace White Hall (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lawrence C. Murphy
13. Birthplace Utica (City, town, or county) N. Y. 1 (State or foreign country)

MOTHER
14. Maiden name Annie R. Ebey
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant Imogene Murphy
(b) Address 5819 Delor ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 11 - 43 (Month) (Day) (Year)
(c) Place: burial or cremation Edwardsville Ill.

18. (a) Signature of funeral director Kriegshauser Mortuary Co
(b) Address 4228 So. Kingshighway Blvd

19. (a) MAR 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1943 hour 11:15 minute 4 M.

21. I hereby certify that I attended the deceased from 1941, to 1943 that I last saw her alive on Mar. 8, 1943. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary artery thrombosis hr.	
Due to ?	
Due to coronary artery disease ?	
Other conditions (Include pregnancy within 3 months of death) 94	
Major findings: Of operations	
Of autopsy above	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fabian [illegible] (M. D. or other) MD.

Address 3115 S. Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr Fabian J Burke
3115 So Grand 2-4

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 Richard W. Stoussand

Licensed Embalmer No. 4007

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, fact should be so stated above.