

FILED APR 15 1943
Registration District No. **784**

Primary Registration District No. **101**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
31 Dwyer Pl. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Davis Williamson**

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

4. Sex **F** 1 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **W. D. Williamson** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **Nov 12 - 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **19** If less than one day hr. min.

9. Birthplace **Baltimore, Md.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HW**

11. Industry or business **—**

MOTHER FATHER { 12. Name **John Mc Kellop**

13. Birthplace **1 Md.**
(City, town, or county) (State or foreign country)

14. Maiden name **unk**

15. Birthplace **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. D. Williamson**

(b) Address **#31 Dwyer Pl - Clayton**

17. (a) **Burial** (b) Date thereof **4-2-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Louis H. Bopp, Dir.**
(b) Address **Hickwood Mo.**

19. (a) **APR 1 1943** (b) **E. J. Mc Geary, H. H.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis 96**
(c) City or town **Clayton**
(If outside city or town limits, write "RURAL")
(d) Street No. **# 31 Dwyer Place**
(If rural, give location)
(e) Citizen of foreign country? **F** (Yes or No)
If yes, name country **—**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
year **1943** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **3/12** 1943, to **3/31** 1943
that I last saw her alive on **3/31** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Intra-cerebral hemorrhage** Duration **18 da.**

Due to **Hypertension** **5 yrs.**

Due to **—**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **—**
Of autopsy **8351**

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 **J. D. Stalder** (M. D. or other) **M.D.**
Address **104 J. Adams, Hickwood** Date signed **3/31/43**

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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.....

Licensed Embalmer No.....

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.