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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19144

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 1327

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 6/1/43 (Specify whether years, months or days) In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 2742 Delmar Avenue (If rural, give location) 9
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: Ernest Williamson
3. (b) If veteran, name war: World War #1
3. (c) Social Security No. 509-18-5470
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nannie
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: December (Month) 25, (Day) 1888 (Year)
8. AGE: Years 54 | Months 5 | Days 8 | If less than one day ___ hr. ___ min.
9. Birthplace: Jackson (City, town, or county) Tennessee (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: -
MOTHER FATHER
12. Name: Ike Williamson
13. Birthplace: Tennessee (City, town, or county) (State or foreign country)
14. Maiden name: Mandy Walker
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Jefferson Barrack
18. (a) Signature of funeral director: Dement & Son
(b) Address: 2629-31 Cole St.
19. (a) JUN 7 1943 (Date received local registrar) (b) C. J. McGann, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd, year 1943 hour 1:15 minute P.M.
21. I hereby certify that I attended the deceased from June 1, 1943 to June 3, 1943; that I last saw him alive on June 3, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: HYPERTENSIVE AND CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH MYOCARDIAL DAMAGE AND	
Due to: INSUFFICIENCY.	UNKNOWN
Due to: -	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation.
Of autopsy: No 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): no
(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: (b) Means of injury:
23. Signature: L. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Date signed 6/3/43.

(Licensed Embalmer's Statement on Reverse Side)

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APR 19 1951

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 Wm Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.