

1931

Primary Registration District No. 3069

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5351 Delmar Blvd. (If rural, give location)

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

If yes, name country

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 16  
year 1946 hour 4 minute 40 P. M

21. I hereby certify that I attended the deceased from 3-28-46, 19  , to           , 19  ,  
that I last saw him alive on 4-16-46, 19  ,  
and that death occurred on the date and hour stated above.  
Immediate cause of death, 

<i>Duration</i>
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Myelogenous Leukemia

Due to ✓ 745

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

Major findings: \_\_\_\_\_

Major findings:  
Of operations.

Underline the cause to

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) (c) Means of injury

23. Signature: [Signature] (M. D. or other) [Signature]

Address 634 N. Grand Ave Date signed 4/17/11

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1948

MAR 3 1948

MAY 22 1948

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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..... *Francis Williamson* .....

Licensed Embalmer No. *3565* .....

P. O. Address..... *St. Louis Mo.* .....

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.