

**FILED DEC 24 1946**

Registration District No. 318

Primary Registration District No. 1003

**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: FIRMIN DESLOGE 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 EMMA WILLIAMSON  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife RICHARD WILLIAMSON 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUGUST 17-1890  
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business HOUSEKEEPER OWN

12. Name JAMES THORNTON

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name AGNES DAVIS

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

16. (a) Informant Miss Altha Crawford

(b) Address 1823 Oregon Ave

17. (a) BURIAL (b) Date thereof DEC 14 - 46  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3125 Lafayette Ave

19. (a) DEC 12 1946 (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 2317  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1823 OREGON AV.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 10  
year 1946 hour \_\_\_\_\_ minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 8 - 1946 to Dec 10 - 1946  
that I last saw her alive on 11 45 AM and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 J. F. Bredeek (M. D. or other)

Address 1225 Jefferson Date signed 12-12-46

MOTHER FATHER

**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.....

*Joseph B. Vollmer*

Licensed Embalmer No. *11014*

P. O. Address *St Louis 4, 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.**