

FILED JUL 6 1948

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **1512**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Jefferson Barracks, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 Day**
(Specify whether)
 In this community **1 Day**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski** **85**
 (c) City or town **Franks, Missouri**
(If outside city or town limits, write "RURAL") **0**
 (d) Street No. **-**
(If rural, give location) **0**
 (e) Citizen of foreign country? **No** (Yes or No) **1**
 If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAMSON, Grover C.**

3. (b) If veteran, name war **WW-1** (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Minnie** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **September 15 1888**
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days _____ If less than one day _____
hr. min.

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

10. Usual occupation **Fireman**

11. Industry or business _____

MOTHER FATHER { 12. Name **Thomas Williamson**
 13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
 14. Maiden name **Tansady Haney**
 15. Birthplace **Unavailable** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**
 (b) Address **Jefferson Barracks 23, Mo.**

17. (a) **REMOVAL** (b) Date thereof **JUNE 16-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **DIXON, MO**

18. (a) Signature of funeral director **C. Hoffmeister U&L Co.,**
 (b) Address **7814 S. Edwy, St. Louis, Mo.**

19. (a) **6-18-48** (b) **Beil**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15**
 year **1948** hour **2:50** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 14, 1948** to **June 15, 1948**; that I last saw him alive on **June 15, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **CORONARY ARTERIO-SCLEROSIS WITH ACUTE THROMBOSIS AND MYOCARDIAL INFARCTION**

Due to _____
 Due to **930**

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

Major findings: **None**
 Of operations _____
 Of autopsy **Autopsy performed (See cause of death.)**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **None**
 (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) (Means of injury)
 23. Signature **L.E. Stillwell** (M. D. 1908)
 Address **VAH, Jeff. Bks. Mo.** Date signed **6/15/48**

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

JUL 7 1948

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broad

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.