

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 21874

4917

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis 0		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hos, (Enroute)				d. STREET ADDRESS (If rural, give location) 20 -- 2913 Cass Ave 90			
3. NAME OF DECEASED (Type or Print) a. (First) NORMAN		b. (Middle) WILLIAMSON JR.		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6 -- 5-- 1949	
5. SEX Male 2	6. COLOR OR RACE Col,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH May 7th, 1932		9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months 0	IF UNDER 4 HRS. Hours Min. 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St Louis 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Norman Williamson Sr.		13b. MOTHER'S MAIDEN NAME Mary Pleas		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Pleas 2913 Cass Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Compound comminuted fracture of skull, suffered when truck driven by Tony Jackson, Col., overturned from unknown causes in front of about 1715 Delmar about 2:00 A.M., June 5, 1949.				DUE TO (b) ACCIDENT			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXX street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis 1702		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 4 1949 2 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck 28			
22. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ 19____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) [Signature]				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/6/49	
24a. BUREAU OF CREMATION REMOVAL (Specify) BURIAL		24b. DATE 6-10-49		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK CEMETERY ST. LOUIS, MO.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL JUN 6 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Fun, Home 2820 Stoddard St 000			

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Fulton E. Calkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13, 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.