

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. **3152**
494
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. 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 township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2122 Russell		e. STREET ADDRESS (If rural, give location) 2122 Russell	

3. NAME OF DECEASED (Type or Print) Mary E. Williamson	a. (First) Mary	b. (Middle) E.	c. (Last) Williamson	4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Oct 24 1858	9. AGE (In years) (Month) (Day) (Year) 92	10. UNDER 1 YEAR 0				
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belville Ill /	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Johnathon Keller	13b. MOTHER'S MAIDEN NAME Elizabeth Hanner	14. NAME OF HUSBAND OR WIFE James (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME J. H. Thomson	ADDRESS 2122 Russell
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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, asthma, 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) Myocardial Degeneration + cardiac collapse		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility + Trauma DUE TO (c) Fell + Broke Rt Clavicle		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accident			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION OTD	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-15-50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall at Home E903 R
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22. I hereby certify that I attended the deceased from 12/15, 1950, to 1/15, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:10 P m., from the causes and on the date stated above. **21**

23a. SIGNATURE (Degree or title) Dr. A. O. David M.D.	23b. ADDRESS 2919 E. Kingshighway	23c. DATE SIGNED 1/7/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-18-51	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County
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DATE REC'D BY LOCAL REG. JAN 1 1951	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher	ADDRESS 3013 Meramec St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

working under my personal supervision.

Student Embalmer No.

Signed

Jack Haupt

Signed.....

Student Embalmer

Licensed Embalmer No. *4746*

P. O. Address *St. Louis*

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.