

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20070

State File No. \_\_\_\_\_  
Registrar's No. **4790**

FILED JUN 1 - 1953

BIRTH. NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY OR TOWN <b>City</b>		c. LENGTH OF STAY (in this place) <b>1 yr. 5 mos. 1 day.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmery</b>			e. STREET ADDRESS (If rural, give location) <b>5800 Arsenal St.</b>		
3. NAME OF DECEASED (Type or Print) <b>William</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>Williamson</b>		4. DATE OF DEATH <b>May 1 1953</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	
8. DATE OF BIRTH <b>1884</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <b>?</b>		13b. MOTHER'S MAIDEN NAME <b>?</b>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Record</b>		ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Organic brain disease</b>					
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>Nov. 30</b> , 19 <b>51</b> , to <b>May 1</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>May 1</b> , 19 <b>53</b> , and that death occurred at <b>7:40a.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Palmer Bruce Bowditch M.D.</b>		23b. ADDRESS <b>5800 Arsenal St.</b>		23c. DATE SIGNED <b>5/1/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>5-30-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
24d. LOCATION (City, town, or county) (State) <b>Rowland Mortuary Service</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Manchester Ave.</b>			
DATE REC'D BY LOCAL REG. <b>MAY 12 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.