No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41615

BIRTH NO. FILED NOV 25 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2871

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston
c. LENGTH OF STAY (In this place): unk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6314 Wells Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wellston (301)
d. STREET ADDRESS (If rural, give location): 6314 Wells Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): C
c. (Last): Williamson

4. DATE OF DEATH (Month) (Day) (Year): 11/6/53

5. SEX: Male (0)
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (1)
8. DATE OF BIRTH: May 7 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: BARBER SHOP
11. BIRTHPLACE (State or foreign country): Wheeling West Va. (1)
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm. Williamson
13b. MOTHER'S MAIDEN NAME: Dont Know
14. NAME OF HUSBAND OR WIFE: Jennie Williamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: unk
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Jennie Williamson 6314 Wells 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LEFT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 1 YR.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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: 163X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1953, *to* 11-6, 1953, *that I last saw the deceased alive on* 11-6, 1953, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Orville O. Martin (Degree or title) MD
23b. ADDRESS: 1194 Hodiamont Av.
23c. DATE SIGNED: 11-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/9/53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 11-7-53
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Jos. H. Clark 1125 Hodiamont Ave.

(Licensed Embalmer's Statement on Reverse Side)

52W

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 Alfred F. Boedeker

Signed.....
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 1125 Fremont

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.