URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

60-009082
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2271

ENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LUKES HOSP.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: St Louis
c. CITY OR TOWN: UNIVERSITY CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): #5 DELCREST CT
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HARRY Middle C Last WILLIAMSON

4. DATE OF DEATH: Month 2 Day 26 Year 1960

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/28/1901

9. AGE (last birthday): 58

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): REAL ESTATE

10b. KIND OF BUSINESS OR INDUSTRY: UNION ELECTRIC

11. BIRTHPLACE (City and state or country): ISNEY, ALABAMA

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN D. WILLIAMSON

13b. MOTHER'S MAIDEN NAME: IDA L. BRITTON

14. NAME OF HUSBAND OR WIFE: FRANCES B

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.: 493-05-1093

17. INFORMANT: LAIRD WASSON Address: 804 GREENOCH LANE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 2½ M
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ___
DUE TO (c): 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/27/57, to 2/26/60 and last saw ~~her~~ him alive on 2/21/60
Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD

22b. ADDRESS: 35 No Central St Louis Mo.

22c. DATE SIGNED: 2/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 2/29/60

23c. NAME OF CEMETERY OR CREMATORY: OAK GROVE MAUSOLEUM

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR: C. R. LUPTON & SONS ADDRESS: 7233 DELMAR BLVD

25. DATE RECD. BY LOCAL REG.: FEB 26 1960

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Arnold W Schoe

Signature of Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.