MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19279

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No.
Township CENTRAL — Primary Registration District No. 62488 — Registered No. 132
City Richmond Heights, (No. St. Mary's Hospital, 6420 Clayton Road, Ward)

2. FULL NAME Charles Thomas Wilson

(a) Residence, No. 35 Chestnut Ave. Webster Groves Ward Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 20 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Wilson (NEE GERMAIN)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28-1873

7. AGE: Years 57 — Months 9 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COREMAKER. 41
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buick Motor Co.
10. Date deceased last worked at this occupation (month and year) MAR-24-1931
11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis-Mo. /

FATHER
13. NAME Charles A. Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER
15. MAIDEN NAME Jane Gallacher.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis, Mo. /

17. INFORMANT Mr. Charles L. Wilson
(ADDRESS) 35 Chestnut Ave-Webster Groves-Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Calvary Cem. DATE May 18 1931

19. UNDERTAKER Crochan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave. St. Louis. Mo.

20. FILED 5/18 1931 C. L. Jensen Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-15- 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1 1931 to May 15 1931
I last saw him alive on May 14 1931. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
46B Carcinoma	
1613 Stomach	Dec
1749	1930
46B	

Other contributory causes of importance:

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..... M. D.
(Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.