

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

Do not use this space.

11040

1. PLACE OF DEATH

County..... Registration District No. 721
Township..... Primary Registration District No. 10053
City St. Louis Mo. (No. Alexander Pkw.) St. _____ Ward _____

File No. _____
Registered No. 3124
St. _____ Ward _____

2. FULL NAME

Thomas Wilson
(a) Residence, No. 2624 N. 10th St. St. 26 Ward. _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 10 - 1872</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>7</u>	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Grocery. 165</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York. 2</u>				
FATHER	13. NAME <u>Joseph Wilson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>			
	15. MAIDEN NAME <u>Mary Mc. Glenn</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>			
	17. INFORMANT <u>Mrs. Nellie Hartman</u> (ADDRESS) <u>2624 N. 10th St.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>balvany</u> DATE <u>April 1</u> , 19 <u>32</u>				
19. UNDERTAKER <u>Hy Leidner Und. Co.</u> (ADDRESS) <u>1147 S. Market St.</u>				
20. FILED <u>31</u> 19 <u>32</u> <u>W. H. Stanley</u> Registrar.				

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1932, to Mar. 28, 1932
I last saw him alive on Mar. 28, 1932 Death is said to have occurred on the date stated above, at 12:30 in.
The principal cause of death and related causes of importance were as follows:
Brain embolism by
arterio sclerosis.
82 B
106 D 4 2 B
97 4 2 B
Other contributory causes of importance: purulent Bronchitis
(1)

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none
(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? no
If so, specify _____
(Signed) Wm. B. Thur, M. D.
(Address) 2932 Francis av.

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.

Dear Sir,

131 Granville Ave.

Waban,