APR 27 1937

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

Do not use this space.

13505

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Clayton — Primary Registration District No. 6033a — Registered No. 134
City Clayton St Louis Co Hosp. (No. ..... St. ..... Ward)

2. FULL NAME Frank Wilson
(a) Residence, No. Booker & Etzel St., ... Ward. S. Kinloch, 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1908
7. AGE YEARS 28 MONTHS 6 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laborer
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) Mississippi

FATHER
13. NAME Cage Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Sarah Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Emma Wilson (above)
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4-4-1937
19. UNDERTAKER (ADDRESS) Boyd Bros. Kinloch Mo.
20. FILED 4/3 1937 Dr. A. J. Figuorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26/37, 19..., to 3/31/37, 19...
I last saw him alive on 3/31/37, 19... Death is said to have occurred on the date stated above, at 5 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Lobar Pneumonia	

Other contributory causes of importance:
(1) Circulatory Failure

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

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) Wm O. Mowrey, M. D.
(Address) St Louis Co Hosp.

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.

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