AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL 791

County ..... Registration District No. 1003 File No. 25983

Township ..... Primary Registration District No. ..... Registered No. 7157

City St. Louis (No. 2601 N Whittier St. ..... Ward)

2. FULL NAME Annette Wilson

(a) Residence, No. 4318 Kennerly St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 weeks yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: -------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1937

7. AGE YEARS | MONTHS 1 | DAYS 10 ~~5 weeks~~ | 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.
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) Missouri

FATHER

13. NAME Harry Clarke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Hannah Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE CITY CEMETERY DATE 7-29-37

19. UNDERTAKER (ADDRESS) Ira Hamilton City Health Dept

20. FILED JUL 28 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to June 14, 1937

I last saw her alive on June 14, 1937 Death is said to have occurred on the date stated above, at 4:25a m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia primary — Date of onset 6/12/37

to [illegible]

107a

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

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 1

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Lewis, M. D.

(Address) 2601 N Whittier

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.

LIBRARY OF CONGRESS

Photoduplication Service

Washington, D. C. 20540

Telephone (202) 707-5640

Photocopy Order

Photocopy Order No. 2

Date Received: June 14, 1983

Estimated Completion Date: June 15, 1983

Estimated Cost: $ 10.00

Deposit Account: 2

Charge: 2

Type of Service: Photocopy

Type of Copy: Photocopy

Quantity: 1

Requestor's Name: Photoduplication Service

Requestor's Address: Photoduplication Service

Requestor's Telephone: Photoduplication Service

Requestor's Signature: Photoduplication Service

Photocopy Order Number: 83-0000

Photocopy Order Date: June 14, 1983

Photocopy Order Completed: June 15, 1983

Photocopy Order Cancelled: June 15, 1983

Photocopy Order Cancellation Reason: Photoduplication Service

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Photocopy Order Cancellation Signature: Photoduplication Service

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Photocopy Order Cancellation Cost: $ 10.00

Photocopy Order Cancellation Deposit Account: 2

Photocopy Order Cancellation Charge: 2

Photocopy Order Cancellation Type of Service: Photocopy

Photocopy Order Cancellation Type of Copy: Photocopy

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Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Charge: 2

Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Type of Service: Photocopy

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Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Charge: 2

Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Photocopy Order Cancellation Type of Service: Photocopy

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