

DEC 28 1937

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

42349
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 333
(b) Township Ferguson, Mo Primary Registration District No. 4468
(c) City Robertson (d) Street No. Woodland Avenue Registered No. 201
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. Unavailable How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Arena Wilson

(a) Residence, No. Woodland Avenue St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. ~~NEVER MARRIED, WIDOWED, OR DIVORCED~~
~~HUSBAND~~
(OR) WIFE OF Lewis Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug. 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
Tennessee

13. NAME Harrison Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
Tennessee

15. MAIDEN NAME Louisa-Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable
Tennessee

17. INFORMANT Fred Wilson
(ADDRESS) 117 North Eighth Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Musie, Missouri Nov 8, 1937

19. FUNERAL DIRECTOR Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED 11-8 1937 W. A. Zeidler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1937, to November 4th, 1937

I last saw her alive on November 4th, 1937 Death is said to have occurred on the date stated above, at 7:27 A.M.

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

Chronic Nephritis and Myocarditis
Date of onset 11-1-29
Other contributory causes of importance: Arterio-sclerosis 11-1-29

Name of operation None Date of None
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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H. J. Colman, M. D.
(Address) Pattonville, Missouri.

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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)