DEED APR 11 1939

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

Do not use this space. 9477

Registered No. 3066

1. PLACE OF DEATH

(a) County ..... Registration District No. 2 1

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. 703 Baden Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Albert L. Wilcox 422

(a) Residence, No. 703 Baden Avenue St. 8
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Sarah A. Wilcox (Corson)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1877

7. AGE: Years 60 | Months 10 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as saw mill, bank, etc. M. K. & T. R.R.

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 COUNTY) Clinton Iowa

FATHER

13. NAME Louis Wilcox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Scotland

MOTHER

15. MAIDEN NAME Nancy Dean

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Scotland

17. INFORMANT Mrs. Sarah A. Wilcox
(ADDRESS) 703 Baden Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 4-2-38, 19

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED MAR 31 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1931, to 3-30, 1938, I last saw him alive on 3-30-38, 19 38. Death is said to have occurred on the date stated above, at 6:25 m. A. M.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
Cardiac Asthma

Date of onset

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) W. P. Hamilton M. D.
(Address) 8388 Hells Ferry Rd

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, William G. Buckholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G. Buckholz, L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed William G. Buckholz

Licensed Embalmer No. 2110

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.)