REC'D DEC 12 1938

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

37221
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 9548

(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital 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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

425

2. PRINT FULL NAME Burnetta Wilson

(a) Residence, No. 2730 Pine Street St. 21
(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: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cornelius Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	11	21	

OCCUPATION

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) Oct. 1938

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Illinois

FATHER

13. NAME Frank Bernard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Illinois

MOTHER

15. MAIDEN NAME Mamie Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Illinois

17. INFORMANT Mrs Mamie Lee
(ADDRESS) 3946 Aldine Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta, Illinois DATE Nov. 5, 1938

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

20. FILED NOV 8 1938 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1938, to Oct. 31, 1938

I last saw her alive on Oct. 31, 1938 Death is said to have occurred on the date stated above, at 9:25p m.

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

Lobar pneumonia — Date of onset 10/28/38

Other contributory causes of importance:
unknown

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 .....

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

If so, specify .....

(Signed) N. J. Lyman, M. D.

(Address) Homer G. Phillips Hospital

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, James A. Johnson, or by

Registered Apprentice No....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3582

P. O. Address 4107 Finney Avenue

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

If this body is not embalmed, above space should be left blank.