

21 1938

DEC 8 1938

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

40294
Do not use this space.

Registered No. 1898

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 2
 (b) Township Clayton Primary Registration District No. 1
 (c) City Clayton (d) Street No. 4 Brentmoor Park St. 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 Sarah Glasgow Wilson
 (a) Residence, No. 4 Brentmoor Park 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April; 10th 1958

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80		7	9	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri
 13. NAME William Glasgow Jr
 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Mary Lane
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT F. Ewing Glasgow (ADDRESS) 5185 Lindell Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Nov 21st 1938

19. FUNERAL DIRECTOR (NAME) Wagoner Und Co (ADDRESS) 3621 Olive Street.

20. FILED NOV 21 1938 J.R. Meyer M.D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7 1932, to Nov 19 1938
 I last saw her alive on Nov 19 1938. Death is said to have occurred on the date stated above, at 6:55 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute cardiac dilatation
10/10
Other contributory causes of importance: B. scarlet pneumonia
Nov 14 1938

Date of onset Nov 19 5:30 P.M.

Name of operation Date of
 What test confirmed diagnosis? hemocult 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 John C. Marfit M. D.
 (Signed) John C. Marfit (Address) 940 Pine Blvy; 634 St. Bernard St.
Je 0031

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.

AUG 6 1941

John C. ...
1712 Wood

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Neville B. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address

3621 Olive St.

St Louis Mo.

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.)

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