

REC'D FEB 16 1939

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

155
 Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **155**
 (c) City **St. Louis** (d) Street No. **Homer 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 **28** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **425 James Wilson**

(a) Residence, No. **4011 Enright** St. **III** (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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 20, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Texas**

FATHER 13. NAME **Jim Wilson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Georgia**

MOTHER 15. MAIDEN NAME **Bettie Shaw**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana**

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington Park** DATE **Jan 5 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **C. J. ...**
4400 N. ...

20. FILED 19 **Jan 4 1939**
J. B. ...
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 29** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 17**, 19 **38** to **Dec. 29**, 19 **38**

I last saw him alive on **Dec. 29**, 19 **38** Death is said to have occurred on the date stated above, at **9:35 p.m.**

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

Malignancy of stomach

Date of onset
9/17/38

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 _____

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

If so, specify _____

(Signed) **H. J. Lignard** D.

(Address) **2601 N Whittier**

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.....

Licensed Embalmer No. 3371

P. O. Address 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.