

MAR 13 1939

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

791
1003

4372
Do not use this space.

Registered No. 1065

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City Saint Louis, Missouri. (d) Street No. 6331 Hancock Ave. 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

- (a) Residence, No. 6331 Hancock Ave. St. 14 (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 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 Lillie Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1883.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attendant
 9. Industry or business in which work was done, as saw mill, bank, etc. City Sanitarium
 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) North Carolina

13. NAME George Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT Lillie Wilson (ADDRESS) 6331 Hancock Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cemetery DATE February 2, 1939

19. FUNERAL DIRECTOR (NAME) Giesenhein Bros. (ADDRESS) 2623 Cherokee Street.

20. FILED FEB 2 1939 J. D. Brubaker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... 11:55 P.M.

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

Cardiac Thrombosis;

Chronic Interstitial Nephritis;

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) Joseph M. Gussard, M.D.
 (Address) Deputy Coroner

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,

Vearl E. Morris.

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....

V E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee Street.

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.