REC'D MAR 13 1939

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

4622
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1315

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. St. Luke's 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Bolling Wilson
(a) Residence, No. 5711 Bartmer Ave St. 5
(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 W
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24 1853

7. AGE: YEARS ~~90~~ 85 | MONTHS 10 | DAYS 14 | If LESS than 1 day, ... hrs. or ... min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME Wm K. Wilson
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ann E. Wise
16. BIRTHPLACE (CITY OR TOWN) Maryland (STATE OR COUNTRY)

17. INFORMANT W.W. Keyser
(ADDRESS) 5164 Washington Blvd

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bellefontaine DATE Feb 10th 1939

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

20. FILED FEB 10 1939 J. F. Budesch Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1939, to Feb. 8 1939, I last saw her alive on Feb. 8 1939. Death is said to have occurred on the date stated above, at 2 55 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Cardiac death - myocarditis	3 yr +
Chronic hypertensive heart	4 yr +
no valvular disease	
Acute termination	1-29-39
Other contributory causes of importance:	
Arteriosclerosis. X Ray.	?

Name of operation None. 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? No. 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
(Signed) J. Fred Clark, M. D.
(Address) 864 Hamilton Blvd St. Louis, Mo.

(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.

J. Ansel W. Clark

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

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.)