Stress Ulcer
Acute Perf 12-1939

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

791

Do not use this space. 8360

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 2125

(c) City St Louis (d) Street No. St. Lukes Hosp 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 Andrew Byron Wilson

(a) Residence, No. 425 St. WR Stockton Township Ill
(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: 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 Elsie D. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1888

7. AGE: Years 50 Months 6 Days 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Yard Master
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Nov 1938
11. Total time (years) spent in this occupation

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

FATHER

13. NAME Matthew Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER

15. MAIDEN NAME Ida Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Ill.

17. INFORMANT Elsie Wilson
(ADDRESS) Mulvadi Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE 3-7 1939

19. FUNERAL DIRECTOR Albert L. Kopp
(ADDRESS) 4700 Washington

20. FILED MAR 6 1939 J. P. Belden Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to March 5 1939

I last saw him alive on March 5, 1939 Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of Onset
Generalized Myeloma in bones & entire body	
Malignant	

Other contributory causes of importance:

53

Name of operation ..... Date of .....
What test confirmed diagnosis? X-Ray 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 .....
(Signed) Glynn Krause J. N. Records M. D.
(Address) 720 Washington 6635 Delmar
Resident Phys

(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.

I X12604 WHITE PAPER, WITH GRADING INKS—THIS IS A PERMANENT RECORD

2125

2125

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed Albert E. Kaiser

Licensed Embalmer No. 2991

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.)