

1939 MAY 10 1939

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

12947
Do not use this space.

791
1003

Registered No. 3289

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City S. Louis (d) Street No. City 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 425 Earl A Wilson

(a) Residence, No. 911 A Lafayette St. 23 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 7 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
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) River Mines
(STATE OR COUNTRY) Missouri

13. NAME Chas. Wilson

14. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

15. MAIDEN NAME Mae Chagwic

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Fred Sanders
(ADDRESS) 911 A Lafayette

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 4/8/39 19.

19. FUNERAL DIRECTOR (NAME) A. W. McLaughlin
(ADDRESS) 2301 Lafayette

20. FILED APR 8 1939 19 J. B. Baker Local Registrar.

No Attached Physician
MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....
I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at 5 PM.
The principal cause of death and related causes of importance were as follows:

Diabetes

Other contributory causes of importance
59

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) W. J. Perry M.D.
(Address) Physician

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 X18805

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.