

1939 JUL 12 1939

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

20201
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis / Registration District No. **791**
 (b) Township St. Louis / Primary Registration District No. **1008**
 (c) City St. Louis / (d) Street No. St. Johns Hospital / Registered No. **5045**
 (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 Charles H Wilson
 (a) Residence, No. 4540 Washington Ave / St. **12** / (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 Myrtle Skipworth Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/21/78

7. AGE YEARS 61 MONTHS 4 DAYS 17 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) 5/31 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ladonia Mo

FATHER 13. NAME Phillip Wilson 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER 15. MAIDEN NAME Mellie Ruane 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.H.

17. INFORMANT (ADDRESS) Mrs Roy Crowther (Sister) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium 6/5 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Baker Louisiana Mo

20. FILED J. H. Baker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 7, 1939
 I last saw him alive on June 5, 1939. Death is said to have occurred on the date stated above, at 6.50 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage left.
 Date of onset

Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Plumical Was there an autopsy? Yes

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? Yes
 If so, specify _____
 (Signed) J. H. Baker, M. D.
 (Address) 517-30 Beaumont med

JUN 5 1939

Licensed Embalmer's Statement on Reverse Side)

WHITE 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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

P. O. Address.....

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.