V. S. No. 2
M—11-10-39
v. 5-17-39
I X2

Beaumont Bldg
30 PM

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9021

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2504

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Lukes Hosp 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 4950 Labadie
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BERTIE WILSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GRACE WILSON

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased 7 (Month) 29 (Day) 1880 (Year)

8. AGE: Years 59 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Ill (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Mover

11. Industry or business Employed by self

FATHER
12. Name Joseph Wilson
13. Birthplace Do not know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliza Treathouse
15. Birthplace Do not know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Grace Wilson 1

(b) Address 4950 Labadie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 16 (Day) 1940 (Year)

(c) Place: burial or cremation Hiram Cem

18. (a) Signature of funeral director Provost Und Co

(b) Address 3710 N Grand Blvd

19. (a) MAR 15 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1940 hour 7 minute 30 a.M.

21. I hereby certify that I attended the deceased from April 21, 1936, to March 14, 1940, that I last saw him alive on March 13, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	years
Due to Hypertension	years
Due to	
Other conditions Cerebral Accident (Recovered) (Include pregnancy within 3 months of death)	4 years

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Sam F. Ream (M. D. or other) MD

Address 3720 Washington Date signed 3/15/40

(Licensed Embalmer's Statement on Reverse S

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Robert L. Grinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl

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.