V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9488

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2971

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6216 a Vermont
(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 Missouri (b) County

(c) City or town Charleston NR
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles Duffield Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosa Wilson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec (Month) 29 (Day) 1869 (Year)

8. AGE: Years 70 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Bales County, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Matthew Wilson
13. Birthplace Green Castle (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Mary Alice Peck
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Rosa Wilaon
(b) Address Charleston, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-30-40 (Month) (Day) (Year)
(c) Place: burial or cremation ~~XXX~~ Charleston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) MAR 29 1940 (Date received local registrar) J. F. Bachick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1940 hour 11 minute am M.

21. I hereby certify that I attended the deceased from April 1st, 1939, to March 29, 1940 that I last saw him alive on March 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of buccal mucous membrane	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma buccal mucous mm.
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 Bruce C. Martin (M. D. or other) M. D.
Address 3720 Washington Ave. Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalmer

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.