

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12318
Registrar's No. 623

Registration District No. 784 Primary Registration District No. 121

1. PLACE OF DEATH:
(a) County Clayton, Mo. Osborn
(b) City or town Clepton
(c) Name of hospital or institution: St. Louis County Hos.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days) 11-1-40

3. (a) PRINT FULL NAME JUANITA WILSON
3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Feb 16 1917
(Month) (Day) (Year)

8. AGE: Years 23 Months 1 Days 12 If less than one day — hr. — min.

9. Birthplace Webster Groves, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business —

12. Name Edward Wilson

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name —
(City, town, or county) (State or foreign country)

15. Birthplace Webster Groves, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian Robinson

(b) Address 609 Holland

17. (a) Burial (b) Date thereof 3-31-40
(Burial, cremation, or otherwise) (Month) (Day) (Year)

(c) Place: burial or cremation Another place

18. (a) Signature of funeral director C W Roberts

(b) Address 3035 Sycamore Ave

19. (a) MAR 30 1940 (b) DR Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster
(c) City or town Web Gro.
(If outside city or town limits, write "RURAL")
(d) Street No. 609 Holland
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1940 hour 2 minute 55 P.M.
21. I hereby certify that I attended the deceased from March 15th
1940 to March 28 1940;
that I last saw her alive on 25th March 1940
and that death occurred on the date and hour stated above.

Immediate cause of death cardio-vascular collapse
Duration Months?

Due to Leuc ?
Secondary anemia ?
Due to Tuberculosis peritonitis? ?

Other conditions (Include pregnancy within 3 months of death) 34

Major findings: 34
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? 799

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Bon Passanante (M. D. or other) _____

Address St. Louis County Hospital Date signed 3-29-40

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.

1 X1931

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 Arthur P. Hilliard
Licensed Embalmer No. 3389
P. O. Address 3028 Dickson

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.