S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

State File No. 20017

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4965

FILED JUL 17 1940

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:
1855a N. MarketSt. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1855a N. Market St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas M. Wilson. 425

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown.

4. Sex Male.

5. Color or race White.

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

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

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 25 1872.
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Stave Moulder. 1

11. Industry or business 9

FATHER
12. Name George Wilson.
13. Birthplace Illinois.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Wilson
(b) Address 1855a N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-40.
(Month) (Day) (Year)
(c) Place: burial or cremation St. Johns Cem.

18. (a) Signature of funeral director Hy. Leidner und Co
(b) Address 2223 St. Louis Ave.

19. (a) JUN 6 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4th
year 1940 hour 12 30 minute am M.

21. I hereby certify that I attended the deceased from May 17th 1940 to June 4th 1940;
that I last saw him alive on June 4th 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis

Due to Myo-cardiosis, chronic

Due to Senile Debility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

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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 G. F. Wilson (M. D. ~~or other~~)
Address June 6th 4362 Norm Date signed 6-6-40

(Licensed Embalmer's Statement on Reverse Side)

In Wilson
1 P.M.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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.