

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Days
(Specify whether _____)
In this community 10 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 917 Aubert St., (Womens' Shelter)
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULLNAME Emily Wilson

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Albert 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September 27, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 26 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Preston Brickey

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

14. Maiden name Unknown

15. Birthplace _____ Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address City Hospital #1

17. (a) Burial (b) Date thereof 10-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) OCT 30 1940 (b) J. Bradeck
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22,
year 1940 hour 2:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from September
28, 1940, to October 22, 1940

that I last saw her alive on October 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Cirrhosis of Liver
Ascites
Jaundice
Hemorrhage Esophagus
Intestinal Diverticulosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy as above

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? _____

While at work _____ (Specify type of place)
(a) _____ (b) _____
(c) _____ (d) _____

23. Signature J. Bradeck (M. D. or other)

Address 1515 Lafayette Avenue Date signed 10/22/40

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

2
-40
39
23159

NOV 16 1940

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.