

No. 2
-13-40
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 438520

REGD JAN 8 1949

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 2374

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
MAPLEWOOD NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ONE YEAR
(Specify whether years, months or days) 3

In this community ALL HER LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 7330 MAPLE AVE.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME SARAH SUTTON WILSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WILLIAM R. WILSON 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPTEMBER - 28 - 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace MAPLEWOOD MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME 0

11. Industry or business 1

12. Name JOHN SUTTON 0

13. Birthplace UNKNOWN NEW JERSEY
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET SMITH

15. Birthplace CARONDELPT. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Wilson

(b) Address 7330 Maple

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

(c) Place: burial or cremation OAK HILL GEMETERY

18. (a) Signature of funeral director Parker and ed

(b) Address WEBSTER GROVES, MO.

19. (a) DEC 16 1949 (b) T. R. Hahn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13
year 40 hour 12 minute 03 a. M.

21. I hereby certify that I attended the deceased from 12 - 12
_____, 1940, to 12 - 13, 1940
that I last saw h. CR alive on 12 - 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Left heart paralysis of
Left care thrombosis

Due to hypertension ?

Due to _____

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

Major findings:
Of operations _____

Of autopsy Syphilis

Duration Three

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)
(e) Means of injury _____

23. Signature T. R. Hahn MD (M. D. or other) _____
Address 2816 Sutton Ave Date signed 12-14-40

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

16
5
4

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 L. L. Aldrich

Licensed Embalmer No. 1382

P. O. Address Webster Grove

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, fact should be so stated above.