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K23153

BUREAU OF THE CENSUS  
FEB 25 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1840

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Missouri Baptist  
(d) Length of stay: In hospital or institution.....  
In this community.....

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(d) Street No. 4384 Forest Park  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary T. Wilson  
(b) If veteran, name war..... (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 25 year 1941 hour 3 minute 10 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mark Wilson 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased April 5, 1861

21. I hereby certify that I attended the deceased from Feb 22, 1941, to Feb 25, 1941, that I last saw her alive on Feb 25-1941, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
79, 10 20 hr. min.

Immediate cause of death: Myocardial Infarction  
Due to Senility

9. Birthplace Missouri  
10. Usual occupation Nil

Due to Senility  
Other conditions (Include pregnancy within 3 months of death) None

MOTHER FATHER { 12. Name Thomas O'Brien  
13. Birthplace Ireland  
14. Maiden name Mary T. O'Brien  
15. Birthplace Ireland

Major findings: Of operations.....  
Of autopsy.....

16. (a) Informant Frank Wilson  
(b) Address 4384 Forest Park  
17. (a) Burial (b) Date thereof 2/27/41  
(c) Place: burial or cremation Calvary

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director Edith E. Ambruster  
(b) Address 4234 Manchester  
19. (a) FEB 26 1941 (b) J. J. Prudeck

23. Signature George J. ... (M. D. or other) MD  
Address 812 ... Date signed 2/26/41

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

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Flora Eynck*

Licensed Embalmer No..... *1284*

P. O. Address..... *St Louis Mo*

**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.**