

3. No. 2
4-13-40
5-17-39
WI X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36755

State File No.

8985

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital 3
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL")
(d) Street No. Military Barracks USA
(If rural, give location)
(e) If foreign born, how long in U. S. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11th
year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Multiple fracture of skull
subdural hemorrhage of brain
when he fell from a rear porch
on the third floor of
3937 West Pine Blvd. - about
10 Pm Nov 11-1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: No attending physician
Of operation: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence St Louis Nov 11-1941
(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home 3937 West Pine Blvd
while at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Thomas J Callahan (M.D. or other) _____
Address Deputy Coroner Date signed 11/12/41

3. (a) PRINT FULL NAME Benny F. Wilson

3. (b) If veteran, name war Active service 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 3, 1917
(Month) (Day) (Year)

8. AGE: Years 21 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Brunswick Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier U.S. Army

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(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 Sgt Major Robbins, U.S.A.

(b) Address Jefferson Barracks, Mo.

17. (a) Removal (b) Date thereof Nov. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill, Louisiana

18. (a) Signature of funeral director C Hoffmeister
(b) Address 7814 S. Broadway

19. (a) 11113 (b) J F Brudick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

243
00
119
9

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.....

Harry J. Scheemacher

Licensed Embalmer No. *2679*

P. O. Address *732 Lemay*

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.