

No. 2
1-4-41
1-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42950

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 30

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
5316 Janet Ave. /
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Robert Wilson.

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

3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Nellie Wilson 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 15 1870.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>8</u>	<u>19</u>	hr. min.

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

10. Usual occupation Unemployed.

11. Industry or business.....

MOTHER FATHER

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 Nellie Wilson.

(b) Address 5316 Janet Ave.

17. (a) Burial (b) Date thereof 1-7-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Hv. Leidher Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) JAN 6 1942 (b) C. H. McHarrington
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis. 96

(c) City or town Jennings. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5316 Janet Ave. 0
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1942 hour 5:20 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Dec 31/41
....., 19....., to Jan 4 1942
that I last saw him alive on Jan 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Poisoning of liver 5 days
Duration

Due to..... Hypertension

Due to.....

Other conditions Acute Dehydration, Mitral Regurg
(Include pregnancy within 3 months of death)

Major findings: Nephrosi

Of operations.....

Of autopsy.....

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 C. H. McHarrington (M. D. or other)
Address 1838 Madison Date signed.....

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

Dr. Striegel. 19th + Madison
ca

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..... *John P. Buckholz*.....
Licensed Embalmer No..... *1674*.....
P. O. Address..... *7723 Sojour 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, fact should be so stated above.