V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13198

State File No. 3554

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

1. PLACE OF DEATH:

(a) County .....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2745 Ellendale St 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Oliver Floyd Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. 702-14-4333

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Oliver Wilson

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

7. Birth date of deceased May (Month) 26 (Day) 1992 (Year)

8. AGE: Years 49 Months 11 Days 24 If less than one day ..... hr. ..... min.

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

10. Usual occupation Brakeman

11. Industry or business Missouri Pacific R.R.

FATHER
12. Name John Wilson
13. Birthplace Weso - Mo. (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Margaret Houseright
15. Birthplace Steelville Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Ecy, Edith Wilson
(b) Address 2745 Ellendale

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville Mo

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar

19. (a) APR 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1942 hour 11 30 PM minute ..... M.

21. I hereby certify that I attended the deceased from April 4, 1942 to April 20, 1942 that I last saw him alive on April 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uraemia	3 wks
Due to Chronic Nephritis	1-2 yrs
Due to Hypertensive Heart Disease	7-8 yrs
Other conditions Congestive Cardiac Failure (Include pregnancy within 6 months of death)	

Major findings:
Of operations 2
Of autopsy 2

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature [signature] (M. D. or other) MD
Address Mo Pac Hosp Date signed 4-20-42

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 Raymond L. Harris, Registered Apprentice No. 390, working under my personal supervision.

Signed: Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address: 6120 Delmar

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.