

S. No. 2
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5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20129

JUL 13 1942 791

State File No. _____

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 5600

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:
Pronounced dead at Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

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

In this community 20 years

2. USUAL RESIDENCE OF DECEASED: 000
19
921

(a) State Missouri (b) County _____

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

(d) Street No. 2629 Market Pl
(If rural, give location)

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

3. (a) PRINT FULL NAME Robert Wilson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Wilson 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased: Mar 1 11860
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hod Carior

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 Mary Wilson

(b) Address 2629 Market pl

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof June 30 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton

19. (a) J. F. Predeck (Date read and signed) JUN 30 1942 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1942 hour 7:32 minute 0 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 _____
Coronary Sclerosis
Arterio Sclerosis

Due to _____

Due to _____

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

Major findings: _____
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) _____ (Means of injury)

33. Signature Thomas F. Callahan (Registrar or other)
Address Deputy Coroner Date signed 6/30/42

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

Not embalmed

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 *J. W. Hughes*
Licensed Embalmer No.....
P. O. Address.....

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.