

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1366

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Ferdinand Twp. Asbestos  
(c) Name of hospital or institution:  
Curtis Wright Mfg. Plant  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town 4027A No. Florissant  
(d) Street No. St. Louis, Mo.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Woodrow P. Wilson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499-03-7467

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased Sept. 14 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
29 9 9 hr. min.

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

10. Usual occupation Crane operator  
11. Industry or business Curtis-Wright Mfg. Co.

MOTHER FATHER  
12. Name Lewis Wilson  
13. Birthplace Tenn.  
14. Maiden name Minnie Krone  
15. Birthplace Tavern Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Della Nelson  
(b) Address 4027A No. Florissant

17. (a) Burial (b) Date thereof 6-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hugh Chapel Church

18. (a) Signature of funeral director Gilbert Wood  
(b) Wilson, Mo.  
19. (a) JUN 24 1942 (b) C. G. McLaughlin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1942 hour 2:45 minute 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 Result of electric shock which threw him off of cab and fell a distance of 50  
Due to feet.  
Internal hemorrhage from

Due to puncture of lungs and concussion of brain from fracture

Other conditions of skull.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes.

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) Accident 096  
(b) Date of occurrence June 23, 1942  
(c) Where did injury occur? Curtis-Wright Mfg. Co.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial place

While at work Yes (Specify type of place)  
(e) Means of injury 3  
23. Sign Lois H. Boyer  
Address Kirkwood, Mo. 6/24/42 Date signed \_\_\_\_\_

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

96  
0  
0

29

201

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.....

*Louis H Bopp*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis H Bopp*

Licensed Embalmer No.....

*921*

P. O. Address.....

*Kirkwood 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.