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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1943 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 505

Registration District No. ..... Primary Registration District No. 1002 Registrar's No. .....

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

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4257 St Louis (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 49 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 170
(c) City or town St Louis 910 (If outside city or town limits, write "RURAL")
(d) Street No. 4257 St Louis (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Kathyrn B. Wilson
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mark Wilson
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June (Month) 19 (Day) 1893 (Year)

8. AGE: Years 49 Months 6 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Byrne
13. Birthplace Boston Mass (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Malley
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Mark Wilson
(b) Address 4257 St Louis Ca
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Wm Howard
(b) Address 4212 St Louis
19. (a) JAN 18 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 16 year 1943 hour 17 minute 30 am

21. I hereby certify that I attended the deceased from Dec. 1, 1942 to Jany 16, 1943 that I last saw her alive on Jany 15, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	4 days
Due to Chronic Myo Carditis	
Due to Carcinoma, Cecum	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. G. Kreuning (M.D. or other)
Address 4548 Harris Av Date signed 1/18/43

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G Burnley

Licensed Embalmer No. 4202.

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.