

FILED JUN 9 1943 818

1003

4878

Registration District No.

Primary Registration District No.

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:
City Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 16yrs 6mos 21ds.
In this community..... 40years
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4423 Oakland
(If rural, give location)
(e) Citizen of foreign country?..... no (Yes or No)
If yes, name country.....

000
17
6/8
0

3. (a) PRINT FULL NAME DOROTHY WILSON

3. (b) If veteran, name war..... * No.....
3. (c) Social Security No.....

4. Sex. female
5. Color or race. white
6. (a) Single, widowed, married, divorced. single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. April 13 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 13
If less than one day..... hr. min.

9. Birthplace. St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.....

MOTHER FATHER { 12. Name. John Wilson
13. Birthplace. unknown Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name. Margaret Houswrite
15. Birthplace. unknown Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant. Thelma A. Singer

(b) Address. 5300 Arsenal St

17. (a) St. Louis (b) Date thereof. 5-27-43
(City or town) (Month) (Day) (Year)

(c) Place: burial or cremation. Steeleville, Mo.

18. (a) Signature of funeral director. Raymond B. Lee

(b) Address. 6185 Steeleville Rd.

19. (a) MAY 27 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year. 1943 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from 7-1-1936 19... to 5-26-43 19...
that I last saw him/her alive on 5-26-43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death. Bilateral Pulmonary Tuberculosis
1938

Due to..... Epilepsy 1926x

Due to.....

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

Major findings: Of operations.....
Of autopsy yes

Duration
1938

1926x

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. M. L. Moore (M. D. or other) MP.
Address. 5400 Arsenal St Date signed 5/26/43

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

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 Gas E. McCulloch

Licensed Embalmer No. 2468

P. O. Address 6775 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.