

S. No. 2
-9441
5-17-43
BY X

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20170

State File No.

5348

FILED JUN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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17
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1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(c) Name of hospital or institution:
418a N. Vandeventer
(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.....
(c) City or town..... St. Louis
(d) Street No. 418a N. Vandeventer
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... Frank Wilson

3. (b) If veteran, name war..... 3. (c) Social Security No. 493-05-3701

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife..... Eleanor Wilson 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... September 17, 1892

8. AGE: Years Months Days If less than one day
50 8 23 hr. min.

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

10. Usual occupation.....

11. Industry or business..... Goldman Bros. Furniture

MOTHER FATHER { 12. Name..... Harry M. Wilson
13. Birthplace..... Ohio
14. Maiden name..... Mary O'Brien
15. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Eleanor Wilson
(b) Address..... 418a N. Vandeventer

17. (a) Burial (b) Date thereof..... 6/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Edith E. Ambruster
(b) Address..... 4234 Manchester

19. (a) JUN 11 1943 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour 4.15 P.M. minute..... M.

21. I hereby certify that I attended the deceased from.....
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

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

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?.....
(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. D. or other).....
Address..... Date signed.....

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..... *Henry Eynck*
Licensed Embalmer No..... *1284*
P. O. Address..... *St Louis 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.