

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:  
Residence; 5501 Cabanne,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Samuel L. Wonson.

3. (b) If veteran, name war none. 3. (c) Social Security No. 702-14-0185

4. Sex male 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 July 1st, 1877.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66. 2. 29. hr. min.

9. Birthplace Gloucester, Massachusetts  
(City, town, or county) (State or foreign country)

10. Usual occupation Assistant Chief Engineer

11. Industry or business Missouri Pacific R.R.

12. Name Gardiner K. Wonson.

13. Birthplace Gloucester, Massachusetts  
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Chase.

15. Birthplace Newberry Port Massachusetts  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Tony Bostiani.

(b) Address #5501 Cabanne Avenue.

17. (a) Removal (b) Date thereof 10/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gloucester, Mass.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) OCT 5 1943 (b) J. F. Brudeak  
(Date received local registration) (Registrar's signature)

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. 5501 Cabanne Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1943 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 27, 1943, to Sept 30, 1943; that I last saw him alive on Sept 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration few minutes

Due to Coronary sclerosis ?

Due to.....

Other conditions (include pregnancy within 3 months of death) GH

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) (e) Means of injury.....

23. Signature Albert E. Tausig (M. D. or other) MD.  
Address 4500 Olive St. Date signed 10/1/43

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

MOTHER EATHER

Dr. Albert Taussig.  
4500 Olive  
1 to 3:30 P.M.  
FO-3300

8796

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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 Lowell Paul Seamer Registered Apprentice No. 351 working under my personal supervision.

Signed Clarence A. Murray  
Licensed Embalmer No. 4011  
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.