

Registration District No. **9 1943** Primary Registration District No. **1003** Registrar's No. **10191**

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis Children's Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 1/2 days**  
(Specify whether  
 In this community **Life**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4722** **Vermon Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **9**  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Sharon Jean Wilson**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **November** day **22**, year **1943** hour **9:00** minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from **11-20** 19**43** to **11-22** 19**43**  
 that I last saw **her** alive on **11-22-43** and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **wh** 6. (a) Single, widowed, married, divorced **0**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **11** **20** **43**  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
**Chromosomal Defect**  
**Thrombocytopenia**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months **2** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace **St. Louis, Mo**  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
**157**

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name **Franklin Truman Wilson**  
 13. Birthplace **Ky**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Emma Cratesa Snyder**  
 15. Birthplace **Ill**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **M. K. Burnett**  
 (b) Address **500 S. Kingshighway**  
 17. (a) \_\_\_\_\_ (b) Date thereof **11-30-43**  
(Burial, cremation, or other) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Autonomous Board**  
 18. (a) Signature of funeral director **W. Richter**  
 (b) Address **3500 Rutger**  
 19. (a) **NOV 30 1943** (b) **J. Z. Breda**  
(Date received) (Registrar's signature)

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 **J. P. Blattner** (M. D. or other) \_\_\_\_\_  
 Address **500 S. Kingshighway** Date signed \_\_\_\_\_

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**