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FILED FEB 1 1944
Registration District No. **318**

Primary Registration District No. **1003**

MAKING A PERMANENT RECORD

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:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **48 hours**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Jefferson**
 (c) City or town..... **Ashley**
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **2**

3. (a) PRINT FULL NAME **John Thomas Wilson**
 3. (b) If veteran, name war..... **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **23**
 year **1944** hour **9** minute **30** A.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife..... **Myrtle**
 6. (c) Age of husband or wife if alive..... **1877** years
 7. Birth date of deceased..... **March 13, 1877**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 21, 1944**, to **January 23, 1944**; that I last saw him alive on **January 23, 1944**; and that death occurred on the date and hour stated above.
 Immediate cause of death..... **Coronary occlusion** Duration

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | 66 | 10 | 10 | hr. min. |

Due to **Arteriosclerotic and hypertensive heart disease**
 Due to.....

9. Birthplace..... **Jefferson County, Illinois**
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....

10. Usual occupation **Farmer**
 11. Industry or business **Farming**

Of autopsy **None obtained**
 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?.....

12. Name..... **James Wilson**
 13. Birthplace..... **Unknown Kentucky**
 (City, town, or county) (State or foreign country)

14. Maiden name..... **Elizabeth Haislip**
 15. Birthplace..... **Unknown Illinois**
 (City, town, or county) (State or foreign country)

16. (a) Informant.....
 (b) Address..... **5136 Cates Ave.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof..... **1-24-44**
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Ashley, Illinois**

While at work? (Specify type of place) (c) Means of injury.....
 23. Signature..... **M. C. Hoppe** (M. D. or D.D.S.)
 Address..... **BARNES HOSPITAL** Date signed..... **1-23-44**

18. (a) Signature of funeral director..... **Albert H. Hoppe Inc.**
 (b) Address..... **4700 Washington Blvd.**
JAN 24 1944 (Date received local registrar)
J. T. Bredek (Registrar's signature)

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.