DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1161

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 21

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 Infirmary (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 MO (Specify whether years, months or days)
In this community 50 Yrs.

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. 4718 Cote Brilliante (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country American

3. (a) PRINT FULL NAME William Savannah Wilson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Elizabeth Wilson
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March (Month) 7 (Day) 1868 (Year)
8. AGE: Years 75 Months 9 Days 25 If less than one day hr. min.
9. Birthplace Potosi, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
12. FATHER Name Robert Wilson
13. FATHER Birthplace Tennessee (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Lena Richards
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant M. Geasland
(b) Address 5800 Arsenal St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cem.
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JAN 3 1944 (Date received local registrar) (b) J. F. Bridell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1944 hour 9 minute 35 A.M.
21. I hereby certify that I attended the deceased from March 1 1943 to Jan. 1 1944 that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive cardio vascular disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death): Senility
Major findings: Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Homer A. Smittman M.D. (M. D. or other)
Address 5800 Arsenal Date signed 1-1-44

(Licensed Embalmer's Statement on Reverse Side)

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.....Albert R. Thompson

Licensed Embalmer No.....4237

P. O. Address.....St. Louis

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

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