

S. No. 2
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ev. 5-17-39
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UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

State File No. **5892**
Registrar's No. **2139**

FILED MAR 13 1944 8
Registration District No. **1003**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
In this community 27 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Wilson

3. (b) If veteran, name war No

3. (c) Social Security No. 498-128175

4. Sex M **5. Color or race** Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MARY Wilson

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 10th 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>11</u>	<u>18</u>	hr. min.

9. Birthplace Tupelo Miss. (City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business

12. Name Willis Wilson

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

14. Maiden name AMANDY PAGE

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. MARY Wilson

(b) Address 4358 EVANS

17. (a) Burial, cremation, or removal Buried **(b) Date thereof** 3-4-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Moses Adams

(b) Address 3849 Windsor Place

19. (a) MAR 3 1944 **(b) J. J. Bueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17 9 11

(d) Street No. 4358 Evans (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28,
year 1944 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from February 19,
1944 to February 28, 1944;
that I last saw him alive on February 28, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death

Luetic Heart Disease

Chr. Nephritis

Due to _____

Due to 309

Other conditions (Include pregnancy within 3 months of death)

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? _____ (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. J. Bueck (M. D. or other) _____
Address 2601 N. Whittier Date signed 2/27/44

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

J. A. Green

Licensed Embalmer No.

2963

P. O. Address

2915 Franklin Ave

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

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