

FILED APR 20 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3261**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Desloge Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 Weeks**
 (Specify whether years, months or days)
 In this community **26 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1913 1/2 St. Louis Ave**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Wilson, James**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **147-05-7187**

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Margaret Wilson** 6. (c) Age of husband or wife if alive **65** years
 7. Birth date of deceased **Nov. 22 - 1878**
 (Month) (Day) (Year)

8. AGE: Years **68** Months **4** Days **14** If less than one day hr. min.

9. Birthplace **Warr Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Watchman**

11. Industry or business **Emerson Electric**

12. Name **Andrew Wilson**

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

14. Maiden name **Edith Huskey**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Ms Margaret Wilson**

(b) Address **1913 1/2 St. Louis Ave**

17. (a) **Burial** (b) Date thereat **4-9-44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **De Soto Mo**

18. (a) Signature of funeral director **W. J. ...**

(b) Address **1423 St. Louis Ave**

19. (a) **APR 7 1944** (b) **J. ...**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **6**
 year **44** hour **2** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **3-23**
 19**44** to **4-6** 19**44**;
 that I last saw **him** alive on **4-6** 19**44**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **acute heart failure**
 Due to **coronary occlusion of 2 weeks**
 Due to **arteriosclerotic heart disease uncertain**

Other conditions **venous acute**
 (Include pregnancy within 3 months of death)
cardiac not mumps

Major findings:
 Of operations _____

Of autopsy _____

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 **M. ...** (M. D. or _____)
 Address **1325 So. Grand** Date signed _____

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

MOTHER FATHER

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.....

John P. Buchholz Jr

Licensed Embalmer No. *1674*

P. O. Address *223 St. Louis*

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.