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1-43
7-39
K36671

FILED MAY 31 1944

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 105-8

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 1.5 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME

Wilson, Charles

3. (b) If veteran, name war _____

3. (c) Social Security No. 7

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Unkn

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

7. Birth date of deceased: mar 23
(Month) (Day) (Year)

8. AGE:

Years 86

Months 1
Days 14

If less than one day
hr. min.

9. Birthplace: Leicestershire, England
(City, town, or county) (State or foreign country)

10. Usual occupation: none

11. Industry or business: none

MOTHER FATHER

12. Name: Idemy Wilson

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

14. Maiden name: Mary Ann Unknown

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

16. (a) Informant: Dr. H. J. Gable

(b) Address: 7527 1/2 Ave. Maplewood, Mo

17. (a) Buried (b) Date thereof: 5-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Jay S. Smith

(b) Address: 7456 Manchester

19. (a) MAY 9 1944 (b) E. H. Mc Gowan, Jr.
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Manchester Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 7556 Woodland-Kirkwood
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1944 hour unknown minute unknown

21. I hereby certify that I attended the deceased from 4/9/44
19 5/4 to 19 44
that I last saw him alive on 5/4 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death: Decubitus ulcer Duration 10 days
Due to Thrombosis of Spinal vessels 20 days
Causing Paralysis ?
Due to Arteriosclerosis ?

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: gn.
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?
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature: Teichi Masunaga (M. D. or other) _____
Address: St. Louis County Hospital Date signed: 5/13/44

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

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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.