No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20432 14452

Registration District No. 8 Primary Registration District No. 1003 Registrar's No. 5588

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: 1300a Geyer Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2
(d) Street No. 1300a Geyer Ave. (If rural, give location) 000 17
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HANNAH WILSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Thomas

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 19, 1877 (Month) (Day) (Year)

8. AGE: Years 66 ~~67~~ Months 7 Days 1 If less than one day hr. min.

9. Birthplace Cedar Hill, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Frank Herrington
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Eliza Klad
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dewey Wilson
(b) Address 1300a Geyer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/44. (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Hill, Mo

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) JUN 21 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1944 hour 3 minute 30 P.M.

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

Immediate cause of death — Duration
Cerebellar apoplexy
Due to
Right
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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? Means of injury 3

23. Signature Alfred Perry (M. D. or other)
Address Capitol Com. Date signed 6/21/44

(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. L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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

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