

FILED DEC 27 1948

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(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:
3426 Laclade Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community abt 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3426 Laclade Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Rev. Charles Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race Wgn
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fannie Wilson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Dec 19 1900
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 15
If less than one day hr. min.

9. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Paper Hanging

11. Industry or business

12. Name John Wilson

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

14. Maiden name Unknown

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

16. (a) Informant Fannie Wilson

(b) Address 3426 Laclade Ave

17. (a) Burial (b) Date thereof 12-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) DEC 10 1948 (b) J. J. Burdick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th
year 1944 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12/12/44 to 12/19/44
that I last saw him alive on 12/4/44 and that death occurred on the day and hour stated above.

Immediate cause of death Acute Pneumonia - 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. C. ... (M. D. or other)

Address 3426 Laclade Date signed 12/5/44

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

MOTHER FATHER

FEB 5 1945

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Av

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.