

FILED JAN 5 1945 318

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 11236

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: Cabanne Nursing Home  
 (If not in hospital or institution, write street number or location) 4  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME CORNELIA DUFFIELD WILSON  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Hugh Mortimer Wilson 6. (c) Age of husband or wife if alive dec. years  
 7. Birth date of deceased 5 26 1854  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 7 3 hr. \_\_\_\_\_ min.

9. Birthplace Utica Pennsylvania  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Philip Duffield  
 13. Birthplace Unknown Penn.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Stewart  
 15. Birthplace Unknown Penn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Amel Y. Nelson  
 (b) Address 5409 Cabanne Ave.

17. (a) Cremation (b) Date thereof 12-30-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Alexander & Sons  
 (b) Address 6175 Delmar Boulevard

19. (a) DEC 30 1944 (Date received local registrar) J. F. Medeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad.  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5409 Cabanne Avenue (If rural, give location) 1  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29  
 year 1944 hour 6 minute 20 M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Dec 29 1944  
 that I last saw her alive on June 20 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 20 yrs

Due to of 20

Due to \_\_\_\_\_  
 Other conditions Arteriosclerosis Duration 15 yrs  
 (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 Frances Stewart (M. D. or other) Mad.  
 Address 7161 Delmar Date signed 12-29-44

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

Signed *Jos. E. McCulloch*  
Licensed Embalmer No. *2460*  
P. O. Address *6175 Dillman*

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.