

FILED JAN 20 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

321

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(At Home) 4210 A. Blaine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs. Catherine Wilson

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Thomas T. Wilson 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased December 24 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 17 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Larry Hickey

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

14. Maiden name Ann Power

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

16. (a) Informant Thomas T. Wilson

(b) Address 4210 A. Blaine

17. (a) Burial (b) Date thereof Jan. 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm. J. Robert L.&U. Co.

(b) Address 1905 South Grand Blvd.

19. (a) JAN 12 1945 Jo F. Bredek
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4210 A Blaine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1945 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 11/20/44
_____ 19____ to _____ 19____
that I last saw h.c.c. alive on 1/6 _____ 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Large infected Bed sore
on back
due to leukemia + uremia
Due to _____

Due to Head trouble (chronic
myocarditis)
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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? _____ (e) Means of injury _____

23. Signature Pratt C. Hall (M. D. or other) _____
Address 3902 1/2 Lafayette Date signed 1/11/45

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.....

John Ketter

Licensed Embalmer No.....

3880

P. O. Address.....

St Louis Mo

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.