

S. No. 2
100M-5-43
Rev. 5-17-39
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THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8400

FILED MAR 16 1945
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2022

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

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 7 days
(Specify whether years, months or days)

In this community 15 years

3. (a) PRINT FULL NAME George Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 7 1893
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 18
If less than one day hr. min.

9. Birthplace Ponola county miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation nd

11. Industry or business

12. Name Alex. Wilson

13. Birthplace Unknown miss 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

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

16. (a) Informant Jessie Belle Leg

(b) Address 4223 1/2 market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-45
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director W. F. Walton

(b) Address 2707 Stoddard St.

19. (a) MAR 2 1945 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 3036 Lorton
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25,
year 1945 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from January 18,
19 45 to February 25, 19 45
that I last saw in alive on February 25, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 2 hrs.

Due to.....

Due to..... 94

Other conditions.....
(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 W. J. Egan (M. D. or other)
Address 360 W. 11th St. Date signed 2/27/45

2022

2022

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address. 1154 Bayard St

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.