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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8401

FILED APR 6 1945 Aug 28 '45

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2312

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:
3723 Olive Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 12 19 9

(a) State Mo. (b) County

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

(d) Street No. 3723 Olive St.
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harry Martin Wilson.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. O

5. Color or race W.

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

6. (b) Name of husband or wife Estella Wilson.

6. (c) Age of husband or wife if alive 54 55 years

7. Birth date of deceased January (Month) 24 (Day) 1896 ~~1895~~ (Year)

8. AGE: Years	Months	Days	If less than one day
49 ~~50~~	1	15	hr. min.

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

10. Usual occupation R.R. Switchman.

11. Industry or business Terminal Railroad Ass'n.

FATHER 12. Name ~~Unknown~~ Wilson. Edgar

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

MOTHER 14. Maiden name ~~Unknown~~ Hundley. Sarah

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

16. (a) Informant Mrs. Estella Wilson.

(b) Address 4109 Delmar Blvd.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 3-13-45. (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 12 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th. year 1945 hour 11 minute 15 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 Cerebrovascular Accidents Hemorrhagic Gastritis — Duration

Due to Were Cause and manner of death could not be determined

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) Not Verified

(b) Date of occurrence Not Determined

(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 (M.D. or other)

Address Date signed 3/12/45

(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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of St Lis }

State File No.
Local Registrar's No. 2312

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 5 day of April, 1945, before me appears Estella Wilson, who, upon her oath, states that the original record of ~~birth~~ death for Harry Martin Wilson, died born 3 - 9 -, 1945 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Jan. 24. 1896
Instead of " " 1895
Item No. 12 should read Edgar Wilson
Instead of Unknown "
Item No. 13 should read Palmer - Illinois
Instead of Illinois
Item No. 14 should read Sarah Hundley
Instead of Unknown "
Item No. 6 should read 55
Instead of 54
Item No. 8 should read 49 - 1 - 15
Instead of 50 - 1 - 15
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

Corrected 4-5-45

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Estella P. Wilson
Relationship. Wife
4109 Delmar
Present Address.

Subscribed and sworn to before me this 5 day of April, 1945

My Commission expires My Commission Expires March 4, 1949 Ethel Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above

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