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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15719

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4087

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Ho~~ 3937 Cook Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether)
In this community 25 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County — 000
(c) City or town St. Louis 11 (If outside city or town limits, write "RURAL")
(d) Street No. 3937 Cook Ave (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Ida Wilson
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Fem.
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife NO
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 3 (Day) 1882 (Year)

8. AGE: Years 63 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Okalona (City, town, or county) Miss. (State or foreign country)
10. Usual occupation House Work
11. Industry or business At Home
FATHER
12. Name Alfred Walker
13. Birthplace Okalona (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Ella Stith
15. Birthplace Shannon (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Juanita Stark
(b) Address 4231 W. Ferdinand
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Okalona Miss
18. (a) Signature of funeral director C. J. Nagel
(b) Address 111 N. 13th St.
19. (a) MAY 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1945 hour 12 minute 30P M.
21. I hereby certify that I attended the deceased from 5-1-45, 19..., to 5-5, 1945; that I last saw he alive on 5-5, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	1 wk
Due to: Respiratory Infection	
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)
(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 D. F. Smith (M. D. ~~or other~~)
Address 11 N Jefferson Date signed 5-7-45

(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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 111 N. 13th 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.