

FILED JAN 5 1946  
Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **11350**

## 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:  
5205 Davison Ave.  
 (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) Life

3. (a) PRINT FULL NAME LYDIA WILSON3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Carl Wilson 6. (c) Age of husband or wife if alive 58 years7. Birth date of deceased Oct. 14, 1892  
(Month) (Day) (Year)8. AGE: Years 53 Months 2 Days 8 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housework

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

12. Name John Pellom13. Birthplace Unknown  
(City, town, or county) (State or foreign country)14. Maiden name Lydia Bernhart15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Carl Wilson(b) Address 5205 Davison Ave.17. (a) Burial (b) Date thereof Dec. 26, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Picker Cemetery18. (a) Signature of funeral director Calvin F. Feutz Funeral Home(b) Address 4828 Natural Bridge Blvd.19. (a) DEC 26 1945 J. F. Bredak  
(Date received by registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5205 Davison Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22  
year 45 hour 4 minute 15 P.M.21. I hereby certify that I attended the deceased from 12-12, 1945, to 12-22, 1945that I last saw her ER alive on 12-21, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Myocardial Failure  
Influenza pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Kenneth O. Wilson (M. D. or other) W.D.  
Address 674 N. Grand Date signed 12-24-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Ralph Lindes*

Licensed Embalmer No. 4275

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.**