

No. 2
8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. **8089**
1245
Registrar's No.

FILED FEB 20 1946
Registration District No. **318** Primary Registration District No. **1003**

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

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: City Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Andrew Wilson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Mc O 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased March 10 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business none

12. Name Thomas E. Wilson
13. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Thomas Owens
15. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Allied Wilson
(b) Address 6703 S. Broadway St. Louis

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. 6703 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 28
year 1946 hour 6 minute 05P M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage from fractured right hip & ruptured bladder & fracture of pelvis when he slipped into the bath of his home & fallen by on margin when started out to front of 6703 S. Broadway from 10-15-0-2-28-1946
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) Unavoidable
(b) Date of occurrence Jan 28 1946
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home on farm, in industrial place, in public place?
Public place
(Specify type of place)
While at work? _____ (e) Means of injury above

23. Signature John E. Dwyer (M. D. or other) _____
Address St. Louis Date signed Feb 6 1946

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

Evered Spahr

Licensed Embalmer No. *4287*

P. O. Address *Plot Room*

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.