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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8091**  
**1418**  
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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:  
Res: 5519 Vernon Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

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") 517  
(d) Street No. 5519 Vernon Ave. (If rural, give location) 9  
(e) Citizen of foreign country? no. (Yes or No) 0  
If yes, name country.....

3. (a) PRINT FULL NAME JOHN GIBSON WILSON Sr.  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Minnie B. Wilson 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased October 10th, 1886  
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Clerk in United States

11. Industry or business War Department

12. Name James B. Wilson

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

14. Maiden name Esther Semple  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Minnie B. Wilson  
(b) Address 5519 Vernon Ave.

17. (a) removal (b) Date thereof 2/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, D. C.

18. (a) Signature of funeral director C.R. Lupton & Sons  
(b) Address 7233 Delmar Blvd.

19. (a) FEB 11 1946 (b) J. F. Br...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb'y day 10th  
year 1946 hour 5:30 minute A. M.  
21. I hereby certify that I attended the deceased from Nov. 1, 1945 to Feb. 10, 1946  
that I last saw him alive on Feb 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio respiratory failure Duration 1 wk.  
Ca of lung Ca of stomach? Primary  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations H/O  
Of autopsy H/O  
PHYSICIAN H/O  
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 J. F. Br... (M. D. or other) 0  
Address 5427 Delmar Date signed Feb 11/46

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

MOTHER FATHER

Dr. Robert Bassett  
5427 Delmar Blvd.  
F.L.C. 1948

MAR 9 1948

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 *Clarence A. Murray*

Licensed Embalmer No. *40115*

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.