

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

State File No. **14451**
Registrar's No. **787**

FILED APR 17 1946
Registration District No. _____

Primary Registration District No. **6076**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13351

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Lemay**
(c) Name of hospital or institution:
112 W. Velma 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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **112 W. Velma ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **2**
year **1946** hour **6** minute **05 p.m.**
21. I hereby certify that I attended the deceased from **Sept 26 45**
to **Apr 2, 1946**
that I last saw her alive on **April 1, 1946**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **James Wilson**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **August 28 1872**
(Month) (Day) (Year)

Immediate cause of death: **Arteriosclerosis**
Due to: **Arteriosclerosis**
Due to: **Arteriosclerosis**
Other conditions: **Arteriosclerosis**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
73 7 5 hr. _____ min.

PHYSICIAN
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace: **Liverpoll England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
11. Industry or business _____
MOTHER FATHER { 12. Name **Alfred Sylvester**
13. Birthplace **England 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Kate Henderson**
15. Birthplace **England 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Gladys Pritchard**
(b) Address **112 W. Velma ave.**
17. (a) **Burial** (b) Date thereof: **April 5, 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Park Lawn Cemetery**
18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**
19. (a) **4-6-46** (b) **E. J. McEvan M.D.**
(Date received local registrar) (Registrar's signature)

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) _____ Means of injury _____
23. Signature **E. J. McEvan M.D.** (M. D. or other) _____
Address **7721 Perry** Date signed **4/3/46**

Dr. Stupinski

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.