

FILED MAY 2 1946  
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3785

1. PLACE OF DEATH:

(a) County St. Louis mo  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2601 1/2 Clark Ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 12 YRS  
years, months or days)

3. (a) PRINT FULL NAME

Maimie Wilson

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. None

4. Sex Female

5. Color or  
race negro

6. (a) Single, widowed, married,  
divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

abt 67

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Homemaker

11. Industry or business

12. Name

Dan Watson

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

unknown

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Cora Hill

(b) Address

2601 1/2 Clark Ave

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4-25-46  
(Month) (Day) (Year)

(c) Place: burial or cremation

Supelo Mrs  
St. Louis Mo

18. (a) Signature of funeral director

J. F. Bredenk

(b) Address

3644 Finley Ave

19. (a) (Date received local Registrar)

APR 25 1946

(b) (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. 2601 1/2 Clark Ave 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 21  
year 1946 hour 7 minute 00

21. I hereby certify that I attended the deceased from 4/11/46  
to 4/21/46 1946  
that I last saw her alive on 4/20 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Appertention  
Cerebral Hemorrhage

Due to \_\_\_\_\_  
Due to Old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy 131

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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. Bredenk (M. D. or other)  
Address 809 1/2 E. 12th St Date signed 4/20/46

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

MOTHER FATHER

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**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 *Louis V. Atkins*.....

Licensed Embalmer No. *2842*.....

P. O. Address. *3644 Finney Ct*.....

**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.**