

No. 2  
M-5-43  
5-17-39  
I X38671

**FILED 318**  
**JUN 22 1946**

**1003**

Registrar's No. **572E**

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

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:  
St. Louis City Hospital—Max C. Starkloff  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community 25 years  
years, months or days)

3. (a) PRINT FULL NAME ARTHUR WILSON

3. (b) If veteran, name war no

3. (c) Social Security No. 2

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Grace

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased July 31 1889  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>11</u>	<u>6</u>	hr. min.

9. Birthplace Pulaski Co. Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Pipe-Fitter

11. Industry or business Monsanto Chemical

MOTHER FATHER

12. Name Frank Wilson

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name J. M. Pennell

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsworth Wilson

(b) Address 3616 No. 22nd St.

17. (a) Burial (b) Date thereof 6-29-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director H. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) JUN 28 1946 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 23rd

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2216 So. 3rd St.  
(If rural, give location)

(e) Citizen of foreign country? W (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th  
year 1946 hour 10:10 minute A M.

21. I hereby certify that I attended the deceased from 6/25/46  
\_\_\_\_\_, 19\_\_\_\_, to June 27th, 19\_\_\_\_ 46  
that I last saw h. in alive on June 27th, 19\_\_\_\_ 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from ruptured aortic aneurysm Duration 3 days

Due to Arteriosclerotic Cardis-vascular disease 10 years

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

Other conditions Coronary & liver  
(Include pregnancy within 3 months of death)

Major findings: Coronary & liver PHYSICIAN W. H.  
Of operations \_\_\_\_\_  
Of autopsy Everybody gets  
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) (c) Means of injury 0

23. Signature Hubert C. Sweet 1515 Lafayette 6/27/46  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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.....

*L R Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2301 Fayette*

**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.**