

S. No. 2
M-5-43
7. 5-17-39
I X38671

FILED JUN 3 1946
Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(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 Memorial
(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 **Mo** (b) County _____
(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(d) Street No. **3960 WASHINGTON**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WALTER WILSON**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. _____
4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **22**
year **1946** hour **12:55** minute **A** M.
21. I hereby certify that I attended the deceased from **June 19**
19 **46** to **June 22** 19 **46**
that I last saw him alive on **June 22** 19 **46**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **May 11 1898**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
48 **1** **11** hr. _____ min. _____
9. Birthplace **Michigan** (City, town, or county) (State or foreign country)

Immediate cause of death
Multiple pulmonary embolisms due to thrombotic vegetations acute Pericarditis, acute
Other conditions (Include pregnancy within 3 months of death) **Job**
Major findings: Of operations _____
Of autopsy **as above**

MOTHER FATHER
11. Industry or business _____
12. Name **UNKNOWN WILSON**
13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)
16. (a) Informant **John W. Mace**
(b) Address **6524 Hancock**
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **June 23-46**
(Month) (Day) (Year)
(c) Place: burial or cremation **EAST AWA'S MICHIGAN**
18. (a) Signature of funeral director **C. J. Semur**
(b) Address **3125 Lafayette Jr**
19. (a) **JUN 23 1946** (Date received local registrar) (b) **J. P. Bredbeck** (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?
Specify type of place _____
Means of injury **⊙**
Address **1515 Lafayette Avenue** Date signed **6/22/46**

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

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.....

Joe B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *St Louis 4 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.