

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

23220

State File No.

Registrar's No. **7243**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1412a Wright St. /
(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 osu
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1412a Wright St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Pearl N. Wilson
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George N. Wilson 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 26, 1881.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	24	hr. min.

9. Birthplace Carthage Missouri. 0
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework

MOTHER FATHER

11. Industry or business.....
 12. Name John Kelso 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olivia Bechtel
 (b) Address 1412a Wright St.
 17. (a) Burial (b) Date thereof Aug 22, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Calvin E. Feutz Funeral Home While at work? 5
 (b) Address 4222 Natural Bridge Blvd. (c) Means of injury.....
 19. (a) AUG 20 1946 J. F. Brodack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th
 year 1946 hour 4:00 minute A. M.
 21. I hereby certify that I attended the deceased from April 10 to Aug 20, 1946
 that I last saw h alive on Aug 20 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right Breast and lung - chest
 Due to.....
 Due to..... 50
 Other conditions (Include pregnancy within 3 months of death).....

PHYSICIAN

Major findings: Of operations.....
 Of autopsy.....
 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?.....

23. Signature M. S. Shaver (M. D. or other)
 Address 2739 N. Grand Date signed 8/20/46

Shaver

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..... *Ralph Linder*

Licensed Embalmer No..... *4275*

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.