S. No. 2
M—2-43
. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 24 1946
318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32350

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 2237

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ In this community 18 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ods

(c) City or town: St. Louis 22 17
(If outside city or town limits, write "RURAL")

(d) Street No.: 2330a Eugene St. 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: Ivory Wilson Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: Male

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive: 39 years

7. Birth date of deceased: Feb (Month) 3rd (Day) 1908 (Year)

8. AGE: Years 38 Months 7 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: Bastrop (City, town, or county) La (State or foreign country)

10. Usual occupation: Labor

11. Industry or business _____

FATHER
12. Name: Ivory Wilson Sr
13. Birthplace: Bastrop (City, town, or county) La (State or foreign country)

MOTHER
14. Maiden name: Sallie Dyer
15. Birthplace: Bastrop (City, town, or county) La (State or foreign country)

16. (a) Informant: Mary Wilson
(b) Address: 1024 N. Leonard Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-9-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Bastrop La

18. (a) Signature of funeral director: J. H. Randle & Son
(b) Address: 3133 Bell Ave

19. (a) SEP 7 1946 (Date received local registrar) (b) J. A. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1946 hour 2 minute 30 a 8 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal Hemorrhage
From Gunshot Wound of Jaw
Left Thorax infected with Gun
Due to: the bullet of one Edith Banks
Col) at the Rear 2332 Eugene
Due to: 45 5 01 a.m Sept. 4 1946

Duration

Other conditions (Include pregnancy within 3 months of death) 166

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN — 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): Homicide

(b) Date of occurrence: Sept 4 1946

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Place of Home (Specify type of place)

While at work? _____ (e) Means of injury: Gun shot

23. Signature: [illegible] (M. D. or other)

Address _____ Date signed 9/7/46

(Licensed Embalmer's Statement on Reverse Side)

OCT 9 1942

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.....

Licensed Embalmer No. 269 f

P. O. Address 2769 Thornton

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.