

No. 2
-12-45
-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

11-76

State File No. _____
Registrar's No. 2969

FILED APR 14 1947
Registration District No. 318

Primary Registration District No. _____

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

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:
Pronounced dead at City Hospital 3
(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

3. (a) PRINT FULL NAME GEORGIA WILSON

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Edward Wilson

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

7. Birth date of deceased APRIL 5, 1911
(Month) (Day) (Year)

8. AGE: 35 Years 11 Months 7 Days If less than one day _____ hr. _____ min.

9. Birthplace CHICAGO ILL
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name William Maddew

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

14. Maiden name Don't know

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

16. (a) Informant Edward Wilson

(b) Address 2244 Wellington, Chicago

17. (a) Cremation (b) Date thereof 3/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wreck Bros

(b) Address 22015 Grand Ave

19. (a) MAR 20 1947 (Date received from registrar) (b) J. F. Benedict (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County COOK 999

(c) City or town CHICAGO
(If outside city or town limits, write "RURAL")

(d) Street No. 2244 WELLINGTON
2244 (If rural, give location) NR

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 3 minute 10 a. 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 Several 2 1/2 hours
Grues suffocation while
soaking in the bath tub with
the hot water faucet running
in Room #426 Reed Hotel
1310 S.W. March 12, 1947

Duration _____

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

Main findings: Could not be determined

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) Gun Suicide

(b) Date of occurrence March 12 1947

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

23. Signature Wreck Bros (Specify type of place) (a) Wreck Bros (b) Means of injury _____

Date signed 3/20/47

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.....

No Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wm. A. Stewart*.....

Licensed Embalmer No. *3722*.....

P. O. Address. *2201 S. Howell*.....

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.