V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26218

FILED AUG 4 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 2982

WRITE PLAINLY—USING 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: 3745 Lindell Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 000

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

(d) Street No. 3745 Lindell Blvd. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clarence Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept. (Month) 27th. (Day) 1896 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 50 | 9 | 29 | hr. min. |

9. Birthplace (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Red Cap.

11. Industry or business Terminal R.R.Assn.

FATHER
12. Name James Wilson
13. Birthplace (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Effie Atchison
15. Birthplace (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Sadie Wilson
(b) Address 3347 Lindell Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd St Louis Mo

19. (a) JUL 28 1947 (Date received local registrar) J. F. Brodeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 26th.
year 1947 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 1, 1947 to July 26, 1947; that I last saw him alive on July 20, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 3 mo |
| Due to Coronary type Myocarditis | 3 mo |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

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Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature P. S. Hensel M. D. (M. D. or other)

Address 462 Mo Taylor Date signed 7/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1941

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. Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.