S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36429

State File No. .....

FILED NOV 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10274

1. PLACE OF DEATH: at Home

(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: 1213 N. 17th St 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ~~1213 N. 17~~ (Specify whether

In this community 14 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ooo

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

(d) Street No. 1213 N 17th 9 (If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME JEFF WILSON

3. (b) If veteran, name war .....

3. (c) Social Security No. 491-12-6277

4. Sex Male 2

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 4 (Month) 15 (Day) 1900 (Year)

8. AGE: Years 47 Months 6 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Mexe (City, town, or county) Miss (State or foreign country)

10. Usual occupation Labour

11. Industry or business Building trade

FATHER
12. Name Lais Wilson
13. Birthplace Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sofia Taylor
15. Birthplace Miss (City, town, or county) (State or foreign country)

16. (a) Informant Jommie Wilson

(b) Address 1213 N 17 St St Louis

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Joiner Ave

18. (a) Signature of funeral director Louis R Broom

(b) Address 1405 Biddle St

19. (a) NOV 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th year 1947 hour 6 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 ..... Duration

Due to Bronchial Pneumonia

Due to .....

Other conditions 107 (Include pregnancy within 3 months of death)

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 3

23. Signature Robert E. Dwyer (M. D. or other) .....

Address ..... Date signed .....

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Nov.

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 Chas. L. Harwell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.