, No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36430

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10185

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 HOWER G. PHILLIPS HOSPITAL 0
(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 000

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

(d) Street No. 1605 S. 3rd street 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs Mamie Lee Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race Col

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

6. (b) Name of husband or wife Robert L. Wilson

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 7 (Month) 9 (Day) 1926 (Year)

8. AGE: Years 21 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Bessemer (City, town, or county) Ala (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Henry Johnson

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name

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

16. (a) Informant Robert L. Wilson

(b) Address 1605 S. 3rd St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Birmingham Bessemer Ala

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St.

19. (a) NOV 4 1947 (Date received local registrar) (b) J. F. Bracco (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 31, day year 1947 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from 10.28.47 to 10.29.47 that I last saw her alive on 10.29.47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar-pneumonia	3 days
Due to (non-tuberculous)	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations — 108	
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 Henry C. Stampton (M.D. or other)

Address 2328 Market Date signed 11.3.47.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard ave

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.