

S. No. 2
 FORM-5-43
 Rev. 5-17-39
 X 36671

FILED OCT 20 1947

Registration District No. 577

Primary Registration District No. 3069

Registrar's No. 2162

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution;
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County ada
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 4960 Washington Blvd. 9
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mabel Wilson
 (b) If veteran, name war No
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 13
 year 1947 hour 4 minute 50 P. M.
 21. I hereby certify that I attended the deceased from Sept 27, 1947, to Oct 13, 1947.
 that I last saw h. 21 alive on Oct 13, 1947.
 and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 22 1883
(Month) (Day) (Year)

Immediate cause of death Acute Dorsal Dilatation + Acute Dilatation of Stomach
 Due to _____
 Duration 56 hr
 Due to _____

8. AGE: Years 64 Months 1 Days 21
 If less than one day _____ hr. _____ min.

Other conditions Multiple Sclerosis of brain
(Include pregnancy within 3 months of death)

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

Major findings: Multiple Sclerosis of brain
 Of operations _____
 Of autopsy none

10. Usual occupation Dress Maker
 11. Industry or business _____

12. Name Hugh Wilson
 13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Dunn
 15. Birthplace Marissa Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina Wilson
 (b) Address Sparta, Ill.
 17. (a) Removal (b) Date thereof 10-14-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Coulterville, Ill.

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed 10/14/47

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd
 19. (a) 10-14-47 (b) Coulterville, Mo.
(Date received local registrar) (Registrar's signature)

Clancy University Club Building St. Louis Mo.
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

NOV 1 0 1947

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 *John S. Hennehy*
Licensed Embalmer No. *4194*
P. O. Address.....

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.