S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40348

FILED DEC 6 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10881

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 DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Florissant,
(If outside city or town limits, write "RURAL")
(d) Street No. 955 Boone St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Avery Wilson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Phillipine Wilson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Oct. 2nd., 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	1	24	hr. min.

9. Birthplace St. Louis (City, town, or country) Mo. (State or foreign country)
10. Usual occupation City Fireman, Retired
11. Industry or business
12. Name (Father) Hugh Mecky Wilson
13. Birthplace (City, town, or country) Virginia (State or foreign country)
14. Maiden name (Mother) Ida Hopkins
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Mrs. Phillipine Wilson
(b) Address 955 Boone St., Florissant, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) NOV 28 1947 (Date received local registrar) (b) L. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th. year 1947 hour 7 minute 20 p. M.
21. I hereby certify that I attended the deceased from Nov. 15, 1947, to Nov. 26, 1947 that I last saw him alive on Nov. 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	10 days
Due to Coronary Sclerosis	
Due to	
Other conditions (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? Means of injury
23. Signature (M. D. or other) MD
Address Humboldt Bldg. Date signed 11/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.