S. No. 0M—2-43 v. 5-17-39 I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40351

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 10698

WRITE PLAINLY—USE 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: Firmin Desloge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Caseyville RR I
(If outside city or town limits, write "RURAL")
(d) Street No. RR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Perry Wilson

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October (Month) 25 (Day) 1892 (Year)

8. AGE: Years 55 | Months 0 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Partner

11. Industry or business Illinois Typewriter Co.

FATHER
12. Name Joseph Wilson
13. Birthplace White County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Martha Miller
15. Birthplace White County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Helen P. Hargand
(b) Address E. St. Louis, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director [illegible]
(b) Address East St. Louis Illinois

19. (a) NOV 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19 year 1947 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 1947, 19 47, to 11-19, 19 47, that I last saw him alive on 11-19, 19 47, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pulmonary edema	2 hrs
Due to Acute Myocardial Infarction	4½ hrs
Due to Arteriosclerosis Hypertensive Vascular Dis.	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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

23. Signature James P. Stubbs (M. D.)
Address 1325 S Grand Date signed 11-19-47

(Licensed Embalmer's Statement on Reverse Side) St Louis Mo

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.....

Licensed Embalmer No.....3162

P. O. Address.....East St. Louis, Il

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.