

FILED NOV 28 1947

Registration District No. **318**

Primary Registration District No. **1006**

Registrar's No. **10575**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Lukes**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 Days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **Jackson**  
(If outside city or town limits, write "RURAL")

(d) Street No. **NR** (If rural, give location)

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

3. (a) PRINT FULL NAME **Robert H. Wilson**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **Unk**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Marian Wilson**

6. (c) Age of husband or wife if alive **39** years **27** Dec 1908 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>38</b>	<b>10</b>	<b>17</b>	hr. min.

9. Birthplace **Jackson Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Moving Picture Operator**

11. Industry or business

12. Name **Robert K. Wilson**

13. Birthplace **Jackson Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anita Helmkamp**

15. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert K. Wilson**

(b) Address **Jackson Mo**

17. (a) **Removal** (b) Date thereof **Nov 14**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jackson Mo**

18. (a) Signature of funeral director **Albert H. Honpe**

(b) Address **Jac 4700 Washington Blvd**

19. (a) **NOV 17 1947** (b) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **14** year **1947** hour **9** minute **02 P** M.

21. I hereby certify that I attended the deceased from **29 OCT 47** to **14 NOV 47**, 19... that I last saw him alive on **14 Nov 47**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Tumor malignant** 1 1/2

Due to **5 1/2**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **same**

Of operations

Of autopsy **same**

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)

White at work? (e) Means of injury

23. Signature **Robert Dworesky** (M. D. or other) **m d**

Address **4500 Olive** Date signed **18 Nov 47**

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

APR 2 1948  
DEC 17 1947

JUN 27 1949

70-1680

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..... *Ernest W. Spillard* .....  
Licensed Embalmer No..... *4080* .....  
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.