

S. No. 2  
-12-45  
5-17-39  
I X47079

FILED JAN 9 1948  
**318**

Primary Registration District No. **1003**

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:  
Peoples Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks  
(Specify whether years, months or days)  
In this community 22 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ada  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3674 Cook Ave.  
(If rural, give location) 9  
(e) Citizen of foreign country? 0  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Wilson

3. (b) If veteran, name war no 3. (c) Social Security No. no card

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Wilson 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June 14, 1899  
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Valley Hill, Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Mose Dunson

13. Birthplace Valley Hill, Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name M. Dunson

15. Birthplace Valley Hill, Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Wilson

(b) Address 3674 Cook Ave.

17. (a) Burial (b) Date thereof Jan. 3, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton Ave.

19. (a) DEC 21 1947 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1947 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from 12-12-47  
1947 to 12-27 1947  
that I last saw her alive on 12-27- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M. D. or other \_\_\_\_\_

Address 1408 1/2 N. Grand Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE 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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard av

**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.**