S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3605

Registration District No. 3719 | Primary Registration District No. 6076 | Registrar's No. 191

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 24 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Brentwood, 9
(If outside city or town limits, write "RURAL")
(d) Street No. 8610 Darling 1
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No) 0
If yes, name country -

3. (a) PRINT FULL NAME WILSON, William
3. (b) If veteran, name war WW-2
3. (c) Social Security No. Unknown
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Armanda
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased August (Month) 31 (Day) 1910 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	4	16	hr. min.

9. Birthplace Clarksdale, (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name William Wilson
13. Birthplace - (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Carrie Cunningham
15. Birthplace - (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem Jeff Brks
18. (a) Signature of funeral director E.B.Koonce Fu.Home
(b) Address 1221 N.Grand, St.Louis Mo.
19. (a) 1-22-48 (Date received local registrar) (b) [signature] (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1948 hour 9:10 minute P. M.
21. I hereby certify that I attended the deceased from December 23, 1947, to January 16, 1948; that I last saw him alive on January 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death CHRONIC GLOMERULO-NEPHRITIS, [redacted]

Contributary cause: PULMONARY EDEMA, HYPERTENSION, UREMIA

131 b

Other conditions (Include pregnancy within 3 months of death)

Major findings: -
Of operations
Of autopsy Autopsy performed (See cause of death)

Duration

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) 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 0
23. Signature L.E. Stilwell (M. D.)
Address Jefferson Barracks, Mo. Date signed 1/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1948

JAN 27 1956

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 Eugene Miller

Licensed Embalmer No. 3623

P. O. Address 1221 N. Grand

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.