No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7200

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2115

WRITE PLAINLY—USING 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: Jim G. Phillips O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOUR (b) County 000

(c) City or town St LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3165 SHERDIAN AV. 7
(If rural, give location)

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(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AUSTIN WILSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 2

5. Color or race C

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

6. (b) Name of husband or wife IDA WILSON

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased JAN (Month) 27 (Day) 1905 (Year)

8. AGE: Years 43 Months 1 Days 28 If less than one day hr. min.

9. Birthplace CANDON (City, town, or county) ARK. (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name FRANK WILSON
13. Birthplace CANDON (City, town, or county) ARK (State or foreign country)

MOTHER
14. Maiden name BIRDIE PARKER
15. Birthplace CANDON (City, town, or county) ARK. (State or foreign country)

16. (a) Informant Ida Wilson
(b) Address 3165 Sherdian

17. (a) (Burial, cremation, or removal) (b) Date thereof 3 2 48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington PK

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard St

19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 25
year 1948 hour 3:50 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Subdural Hemorrhage of Brain; suffered when deceased fell to the floor in the office of

Due to Missouri Unemployment Compensation at 3:41

Due to

Other conditions Alive St on Feb. 25th at 10:31 AM
(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) Accident

(b) Date of occurrence Feb. 25, 1948

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? No (e) Means of injury See Above

23. Signature Alfred J. Carry (M. D. or other) 3

Address Deputy Coroner Date signed 3-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.