

0. 2  
2-45  
7-39  
X47070

FILED FEB 20 1948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1411**

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: Masonic Home of Missouri  
(If not in hospital or institution, write street number or location) 5  
(d) Length of stay: In hospital or institution 1 1/2 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Irving Wilson  
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Georgia Glenn 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 28 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Topeka, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER { 12. Name Fred Wilson  
13. Birthplace Decatur, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriett Packard  
15. Birthplace Cincinnati, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch  
(b) Address 5351 Delmar Blvd. St. Louis

17. (a) Burial (b) Date thereof 2-12-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) FEB 10 1948 (b) J. F. Brewer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oo  
(c) City or town St Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5351 Delmar 9  
(If rural, give location)  
(e) Citizen of foreign country? 1 2 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10  
year 1948 hour 4.A.M. minute M.  
21. I hereby certify that I attended the deceased from July 29 to Feb. 10, 1948,  
that I last saw him alive on Feb. 10, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocarditis 5 Days  
Hypertension 2 years  
Due to  
Due to  
Other conditions: 9/2  
(Include pregnancy within 3 months of death)

Major findings: PHYSICIAN  
Of operations  
Of autopsy  
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)  
(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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature J. F. Brewer (M.D. or other) 2.10-48  
Address 508 N. Howard St. St. Louis Date signed

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

*Embalmer's separate cert. filed*

**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.....

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.**