FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21484

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5312

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: 4314 Hunt Ave.
(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 Missouri (b) County 0 0 0

(c) City or town St. Louis 1 7
(If outside city or town limits, write "RURAL")

(d) Street No. 4314 Hunt Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country 1

3. (a) PRINT FULL NAME ALVIN D. WILSON

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Dora

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. (Month) 24 (Day) 1889 (Year)

8. AGE: Years 59 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Thayer (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business Grocery clerk

FATHER
12. Name Robert Wilson
13. Birthplace Thayer (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marylee Clark
15. Birthplace Thayer (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dora Wilson
(b) Address 4314 Hunt Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Thayer, Missouri

18. (a) Signature of funeral director Peetz Fun. Home
(b) Address 3029 Lafayette Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1948 hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from Jan 13 1948 to June 10 1948 that I last saw him alive on Jan 9 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46

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)

(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? (Means of injury)

23. Signature [signature] (M. D. or other) [signature]

Address 1446 S. Grand Date signed 6/10/48

WRITE PLAINLY—USING CAPITAL

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.....David Van Fossan

Licensed Embalmer No.....4242

P. O. Address.....3029 Lafayette

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.