

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 15 years
years, months or days)

3: (a) PRINT FULL NAME Gabriella Wilson

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

4. Sex Female 3 5. Color or race Col. 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased July 4 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joseph Hayes

13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth ?
(City, town, or county) (State or foreign country)

15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Wilburn

(b) Address 4219 Aldine St.

17. (a) Burial (b) Date thereof 6/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) JUN 18 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 a Goode
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1948 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 10 1948 to June 15 1948
that I last saw her alive on June 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Luetic Heart Disease with Decompensation and Hypertension
Duration Undet.

Due to.....

Due to.....

Other conditions Aortic Aneurysm
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy No

PHYSICIAN

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) Means of injury.....

23. Signature Osbert Daniels (M. D. or other)

Address 2601 N "hittier Date signed 6/16/48

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

MOTHER FATHER

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 *Fulton E. Calkin*

Licensed Embalmer No. *4198*

P. O. Address. *St Louis 13 Mo*

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.