

FILED AUG 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24845

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

318

1003

6678

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: Alexian Bros. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community 42 years
 years, months or days)

3. (a) PRINT FULL NAME Mr. Andrew Wilson3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mrs Marion O. Wilson 6. (c) Age of husband or wife if alive 56 years7. Birth date of deceased: March 30th, 1890
(Month) (Day) (Year)8. AGE: Years 58 Months 3 Days 29 If less than one day
hr. min.9. Birthplace Indianapolis, Indiana
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business

12. Name unknown
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marion O. Wilson(b) Address 2329 Maiden Lane17. (a) Burial (b) Date thereof 7-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Charles Cemetery18. (a) Signature of funeral director Hy. Leidner U. Co.(b) Address 2223 St. Louis Ave.19. (a) JUL 29 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 2329 Maiden Lane 0
20 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1948 hour 4 minute A. M.21. I hereby certify that I attended the deceased from July 24 1948, to July 29 1948.
 that I last saw him alive on July 29 1948.
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage - Recurrent 5 days
DurationDue to arteriosclerosis + Hypertension yearsDue to strokeOther conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) (e) Means of injury

23. Signature R. A. Magiera (M. D. or other)
 Address 539 N. Grand Date signed 7/31/48

DR. RAMEZERA

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.....

J. Allin Davis

Licensed Embalmer No.....

4057

P. O. Address.....

St. Louis

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.