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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28340
Registrar's No. 7156

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri
(b) City or town: St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 days
In this community: _____
years, months or days

3. (a) PRINT FULL NAME: Nathaniel Page Wilson

3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 495-16-1831

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Ethel Wilson
6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: March 26, 1898
(Month) (Day) (Year)

8. AGE: Years 50, Months 4, Days 17
If less than one day hr. min.

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

10. Usual occupation: Druggist

11. Industry or business

12. Name: Nathaniel G. Wilson

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Lora E. Rage

15. Birthplace: Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ethel Wilson

(b) Address: 3943 Meramec St.,

17. (a) Burial, cremation, or removal: Motor
(b) Date thereof: 8-16-48
(Month) (Day) (Year)

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

18. (a) Signature of funeral director: Southern Funeral Home

(b) Address: 6322 S. Grand Blvd.

19. (a) Date received local registrar: AUG 14 1948
(b) Registrar's signature: J. B. Bradley

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri
(b) County: *ool*
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 3943 Meramec Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1948 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from July 14, 1948, to August 13, 1948.
that I last saw him alive on August 13, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia
Duration: _____

Due to: Retroperitoneal lymphosarcoma

Due to: *55*

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: As above
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: *A*

23. Signature: H. B. Bradley (M. D. or other)

Address: Barnes Hospital, Date signed: 8/13/48

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

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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. W. Binkley*
Licensed Embalmer No. *3153*
P. O. Address *St Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Sept
Registrar's No. 9156

Registration District No.

Primary Registration District No. 1003

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: _____
(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

3. (a) PRINT FULL NAME. Nathaniel Wilson

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

4. Sex _____ 5. Color or race _____

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

6. (c) Age of husband or wife if alive _____ year

6. (b) Name of husband or wife _____

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ Unless than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
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 _____

3. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

J. F. Breese
SEP 7 1948

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