

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30196

State File No. \_\_\_\_\_

FILED SEP 24 1948

Registration District No. 59

Primary Registration District No. 7299

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Hillsboro  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Cedar Grove Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Months  
(Specify whether  
In this community 4 MONTHS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1109 Victor st.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Melissa Ellen Wilson

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife George H. Wilson 6. (c) Age of husband or wife if alive deceased  
7. Birth date of deceased March 11th 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jefferson, Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business House wife

12. Name William Huskey

13. Birthplace Jefferson Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Herrington

15. Birthplace Jefferson Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Wilson

(b) Address 1200 N. 4th St. De Soto, Mo

17. (a) Burial (b) Date thereof 9-18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Park

18. (a) Signature of funeral director J. Lee Mathews

(b) Address Leo Soto, Mo.

19. (a) 9/18/48 (b) Earl Wilson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16<sup>th</sup>  
year 1948 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from 10 May 1948 to 16 Sept 1948  
that I last saw him alive on 15 Sept 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 Mo.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 830  
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 0

23. Signature Earl Wilson (M. D. or other) M.D.

Address De Soto, Mo. Date signed 17 Sept 1948

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
SEP 23 1948  
Date 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.....

*Andrew H. England*....., Registered Apprentice No. *232*  
working under my personal supervision.

Signed *J. S. Mothershead*.....

Licensed Embalmer No. *3531*.....

P. O. Address *Esoto 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.**