

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11272**

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1118 Maple Pl.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3: (a) PRINT FULL NAME John F. Wilson
 3. (b) If veteran, No name war _____
 3. (c) Social Security No. 492-05-3534

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 28
 year 1948 hour 9 minute 00 A. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Ida V. Wilson
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased November 29 1892
(Month) (Day) (Year)

21. I hereby certify, that I attended the deceased from
body 1948 to Dec 28 1948
 that I last saw him in alive on Dec 28 1948
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>0</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death _____
Acute myocardial infarction
 Due to _____ 27 days

9. Birthplace Mexico
(City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter

Due to Chronic degenerative myocarditis
 Other conditions 950
(Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name John Wilson
 13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Carmen Fernandez
 15. Birthplace Texas
(City, town, or county) (State or foreign country)

Major findings: 950
 Of operations ✓
 Of autopsy ✓
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Ida Wilson
 (b) Address 1118 Maple Pls.
 17. (a) Burial (b) Date thereof 12-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Dixon, Mo.

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? ✓

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) DEC 28 1948 (b) J. B. Lauder
(Date received local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place)
 (c) Means of injury _____
 23. Signature J. B. Lauder (M. D. or other)
 Address 539 N. Grand Date signed _____

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

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 Irving W. Wilkinson
Licensed Embalmer No. 3575
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.