

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6836
1475

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2331 South 3rd Street.		d. STREET ADDRESS (If rural, give location) 2331 South 3rd Street.,	
3. NAME OF DECEASED (Type or Print) Mary Mollie Wilson		4. DATE OF DEATH (Month) (Day) (Year) Feb 14 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married Wid	8. DATE OF BIRTH April 22, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Murray, Kentucky
13a. FATHER'S NAME Will Garrison		13b. MOTHER'S MAIDEN NAME Rachael Eldridge	14. NAME OF HUSBAND OR WIFE James Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lulu Hudson-2331 South 3rd Street.,
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Coronary artery		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia terminal on ANTECEDENT CAUSES La Gripppe 1/31 DUE TO (b) 5727 X DUE TO (c) Cardio-nephrotic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	
19a. DATE OF OPERATION 3-31-49		19b. MAJOR FINDINGS OF OPERATION no stents	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. INTERVAL BETWEEN ONSET AND DEATH 10 days	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCUR?	
21g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/5/49 , 19____, to 2/14/49 , 19____, that I last saw the deceased alive on 2/12/49 , 19____, and that death occurred at 11:30A. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. B. Thomas M.D.		23b. ADDRESS 2901 Big Bend Bl.	
23c. DATE SIGNED 2/15/49		23d. INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/14/49	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Murray, Kentucky	
DATE REC'D BY LOCAL REG. FEB 15 1949		REGISTRAR'S SIGNATURE J. B. Soster	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Albert H. Hoppe-4700 Washington Blvd	

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

23

me

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. W. Wilkins*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6836
Local Registrar's No. 1475

State of Mo.
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 3rd day of March, 1949, before me appears

Albert H. Koppa (Funeral Director), who, upon his oath, states that the original record of ~~birth~~ death for Mary (aka Mollie) A. Wilson died Feb. 14, 1949, 19 , in the State of Missouri, and which was filed at St. Louis, Mo. on Feb. 15th, 1949, should be corrected as follows:

Item No. 7 should read widowed

Instead of married

Item No. 8 should read April 22, 1879

Instead of April 22, 1874

Item No. 9 should read 69

Instead of 74

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Albert H. Koppa Wed.
Affiant Relationship.

4700 Washington Blvd.
Present Address.

Subscribed and sworn to before me this 3 day of Mar, 1949.

My Commission expires 3-4-49 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

