

FILED MAY 13 1949

Registration District No.

318

Primary Registration District No.

1003

1003

Registrar's No.

4148

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:
Missouri Baptist
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Washington
 (c) City or town Nashville
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

James Wilson

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Matie 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased: Nov 17 1870
 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Washington Co. Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Thresherman

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Wilson
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Anderson
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Matie Wilson
 (b) Address Nashville, Ill.
 17. (a) Removal (b) Date thereof 5-8-49
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director J. B. Fawcett
 (b) Address Nashville, Illinois
 19. (a) MAY 9 1949 (b) J. B. Fawcett
 (Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
 year 1949 hour 11 A.M. minute _____ M.
 21. I hereby certify that I attended the deceased from 22 April 49
 _____, 19____, to 7 May, 19____
 that I last saw him alive on 7 May, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death thromb

Due to Chronic nephritis

Due to Chronic myocarditis

Other conditions Carcinoma of prostate
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 5/7/49
 (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? _____

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature E. P. Burford (M. D. _____)
 Address 958 Trade Bldg. St. Louis Date signed 8 May 49

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.