WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.......... Registration District No. 790

Township.......... Primary Registration District No. 2003

City St Louis (No. 4469 Penrose St. ....Ward)

File No. 22388

Registered No. 6578

2. FULL NAME Emma R Wilson

(a) Residence. No. 4469 Penrose St., 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sylvester Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 10 - 1839

7. AGE: Years 88, Months 9, Days 12. If LESS than 1 day, ...hrs. or ......min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer)..........

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) ....
(STATE OR COUNTRY) Va

PARENTS

10. NAME OF FATHER: Charles McCall

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..........
(STATE OR COUNTRY) Va

12. MAIDEN NAME OF MOTHER: Sarah Doyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..........
(STATE OR COUNTRY) Va

14. INFORMANT: Mrs Robt Adams
(Address) 4469 Penrose

15. FILED JUN 22 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22 1928

17. I HEREBY CERTIFY, That I attended deceased from May 17th, 1928, to June 22, 1928, that I last saw her alive on June 21, 1928, and that death occurred, on the date stated above, at 4:50 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Hypostasis

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Hemiplegia & Arterio Sclerosis (duration) yrs. 1 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?..........

DID AN OPERATION PRECEDE DEATH? No. DATE OF..........

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) Jno C M Butler, M. D

, 19 (Address) 3801 Lee Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cem

DATE OF BURIAL: June 23 1928

20. UNDERTAKER: Fred M Williams

ADDRESS: 4561 Delmar