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.

35090

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10070

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 1849a Biddle St. ..... Ward)

2. FULL NAME Louis Wilson

(a) Residence. No. 1849a Biddle St., N Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lemora Wilson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): abt Feb. — 1872.

7. AGE: abt. 56 YEARS | MONTHS: — | DAYS: — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman
(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): Mobile Ala

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT (Address): Lemora Wilson 1849a Biddle St

15. FILED 1 13 1928, 19 Mary C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Oct 9, 1928, that I last saw him alive on Oct 9, 1928, and that death occurred, on the date stated above, at 2 30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myo-Carditis Chron.
93C
112 (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY): Bronchial Asthma (duration) 2 yrs. ..... mos. ..... ds.

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

906

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) S E Walthall, M. D

, 19 (Address) 1001 Jefferson

*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: Greenwood Cem
DATE OF BURIAL: Oct 14 1928

20. UNDERTAKER: W. C. Gordon Und. Co
ADDRESS: 2649 Morgan St