

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

Do not use this space.

43046

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo (No. 4704) McMillan

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 12332  
St. .... Ward)

**2. FULL NAME**

Kate Wilson  
(a) Residence. No. 4704 1/2 McMillan 12 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25-1955

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 2 28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson Co. Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER John Huatky

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Co Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Clara Wiedman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Co Mo  
(STATE OR COUNTRY)

14. INFORMANT Joe Wilson  
(Address) 4704 1/2 McMillan

15. FILED 18 1928 Nay C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18 1928

17. I HEREBY CERTIFY, That I attended deceased from 17 Dec. 1928, to 18 Dec. 1928, that I last saw him alive on Dec 17 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Urinal Insufficiency

1625 (duration) yrs. mos. ds.

CONTRIBUTORY Brandy Overconsumption  
(SECONDARY)  
Chronic Bright's Disease (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Morse Mill, Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Bright's disease

WHAT TEST CONFIRMED DIAGNOSIS urinary sed

(Signed) W D Lewis M. D.

, 19 (Address) W D Lewis

\*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 Beoto Mo DATE OF BURIAL 12-20 1928

20. UNDERTAKER Barnhardt Und ADDRESS Beoto Mo

WRITE PAINLY, 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.

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