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.

4716

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. Barnes Hospital St. ..... Ward)

File No. .....

Registered No. 1407

2. FULL NAME Charles Meek Wilson

(a) Residence. No. 3914 a St Louis Ave St., 10 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: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sep. 2 - 1848

7. AGE: Years 80 | Months 4 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): London
(STATE OR COUNTRY): Eng

PARENTS

10. NAME OF FATHER: Chas. M. Wilson

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

12. MAIDEN NAME OF MOTHER: Sarah Meek

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

14. INFORMANT: Chas. H. Wilson
(Address): 5718 Michigan Ave

15. FILED 29 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 1 - 28 1929

17. I HEREBY CERTIFY, That I attended deceased from 1 - 3, 1929, to 1 - 28, 1929, that I last saw him alive on 1 - 28, 1929, and that death occurred, on the date stated above, at 8.05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatic Hypertrophy - benign
137 Chr. Glomerular Nephritis
131 Uremia
107A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 1-23-29

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) [signature], M. D.

1/29, 1929 (Address)

1129a

*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: Lakewood Park

DATE OF BURIAL: Jan 30 1929

20. UNDERTAKER: A Kron Lorco

ADDRESS: 3707 N. Grand

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