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.

16658

File No.

Registered No. 5186

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

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

1596

2. FULL NAME Wm. H. Wilson

(a) Residence. No. 3670 Olive St., 19 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt	70			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work salesman

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

(c) Name of employer unknown

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mass. F

PARENTS

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER

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

14. Hospital Information
INFORMANT Grace Kopp
(Address) City Hosp.

15. FILED MAY -1 1931 Max C. Harley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1931

17. I HEREBY CERTIFY, That I attended deceased from April 27th 1931, to April 30th 1931 that I last saw him alive on April 30th, 1931, and that death occurred, on the date stated above, at 7.15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral
Hemorrhage

82A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 82A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? refused

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) J. E. Scherman, M. D.

4/30, 1931 (Address) City Hosp

*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	DATE OF BURIAL
St Mathews	5-1 1931

20. UNDERTAKER	ADDRESS
McLaughlin	1631 mo ave.

Wilson -