

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

Do not use this space.

11826

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 4070) *St. Louis*

Registration District No. *701*
Primary Registration District No. *50005*

File No.
Registered No. **2909**
St. Ward)

2. FULL NAME

Walter A. Wilborn
(a) Residence, No. *3894 Winsor Pl.* St. *11* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *3* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 25 1899*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 40 19 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *108*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *13 9 2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ark*

13. NAME *Wilborn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ark*

15. MAIDEN NAME *Callie Foreman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *ark*

17. INFORMANT *Annie Harris*
(ADDRESS) *3109 Bremer Pl*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Warrana Ark* DATE *Mar 30th 1933*

19. UNDERTAKER *American Funeral Home*
(ADDRESS) *3894 Winsor Pl*

20. FILED *Mar 20 1933* *Max E. Stankov* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 19 1933*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to..... 19.....

I last saw him alive on..... 19..... Death is said to have occurred on the date stated above, at *8:30 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Interstitial Nephritis
Lobar Pneumonia of left lung
Other contributory causes of importance:
108

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Harold C. Phelps*, M.D.
(Address) *Deputy Coroner*

3/21/33

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.

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