

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

Do not use this space.

3468 <sup>24</sup> <sub>101</sub>

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St Louis** (No. **3574** - **Coyens** - )

File No. **1206**  
Registered No. **1206**  
St. .... Ward)

**2. FULL NAME** **Mary Wilson**

(a) Residence, No. **3574** - **Coyens** St. **21** Ward.

(If nonresident, give city or town and State)

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 <b>F. mail</b>	4. COLOR OR RACE <b>col</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>widow</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John Wilson</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>4/8/1849</b>		
7. AGE	YEARS <b>85</b>	MONTHS <b>8</b>
	DAYS <b>22</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>House Keeper</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>House Keeper</b>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Richmon Va.</b>		
MOTHER FATHER	13. NAME <b>unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown</b>	
	15. MAIDEN NAME <b>unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown</b>	
17. INFORMANT <b>Clutter Wilson</b> (ADDRESS) <b>35-14 Coyens</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>WASHINGTON PARK</b> DATE <b>FEBRUARY 3, 1934</b>		
19. UNDERTAKER <b>MANUEL UNDERTAKING CO.</b> (ADDRESS) <b>4057 FANNING AVE.</b>		
20. FILED <b>-2 1934 19</b> <b>J. Bebeck</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan, 30<sup>th</sup>, 1934**

22. I HEREBY CERTIFY, that I attended deceased from **Jan, 21<sup>st</sup>, 1934**, to **Jan, 30<sup>th</sup>, 1934**.  
I last saw h. **alive on Jan, 30<sup>th</sup>, 1934**. Death is said to have occurred on the date stated above, at **3 P.** m.  
The principal cause of death and related causes of importance were as follows:  
**Chronic myelo-carditis  
Infantile Old age**

Other contributory causes of importance:  
**93C  
162  
93**

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) **J. Brown (J. E. Hurt)** M. D.  
(Address) **923 N. Jefferson**

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. MAR 2 1934

