

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

Do not use this space.

26465

**1. PLACE OF DEATH**

County St. Louis - City - Mo  
Township \_\_\_\_\_  
City St. Louis, Mo. (No. Sanita 1003)

Registration District No. 791

Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 6625  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edwin S. Wilson

(a) Residence, No. 539 Clara St. Ward 5  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Bryan Wilson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1860  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 \* 1 29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - former lawyer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway  
10. Date deceased last worked at this occupation (month and year) 10 yrs ago  
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canaan, Pa.

13. NAME Thomas Wilson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Elizabeth Murdoch  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Bryan Wilson & John M. O.  
(ADDRESS) 539 Clara St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Mo. DATE 7-5-34

19. UNDERTAKER Petty Bros  
(ADDRESS) 308 1/2 Lafayette Ave

20. FILED 5 1934 19 J. B. Bedeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd, 1934

22. I HEREBY CERTIFY That I attended deceased from January 25, 1934 to July 3rd, 1934  
last saw him alive on July 1st, 1934 Death is said to have occurred on the date stated above, at 4:50 P

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

chronic Myocarditis

Date of onset Jan 15th  
1934  
plus

Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical examination 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? No.

If so, specify Geo A Johns, M. D.  
(Signed) \_\_\_\_\_  
(Address) 5300 Arsenal, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 15 1934

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