NOV 13 1934

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

Do not use this space.

37671

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File No.

Registered No. 10118

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. , St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Alfred Wilson en route to City Hospital #2,

(a) Residence, No. 4224 N. Market St., 11 Ward.
(Usual place of abode) (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: Male

4. COLOR OR RACE: C

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15, 1852

7. AGE: YEARS 72 MONTHS 0 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 10/13/34

11. Total time (years) spent in this occupation: 18 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Millersburg Ky.

FATHER

13. NAME: Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K.Y.

MOTHER

15. MAIDEN NAME: Amey, Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Miss Mary Wilson 2828 Thomas St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Millersburg Ky. DATE: 10/19/34

19. UNDERTAKER (ADDRESS): Boyd Bros. 3406 Finney Av.

20. FILED: OCT 18 1934 Jos. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/13/34

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

I last saw h alive on 1758 , 19 Death is said to have occurred on the date stated above, at 11:15 m. P.

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

Fracture of Skull, Laceration of Brain, Fractured Bones of face, received when struck with a meat cleaver at 4207 Garfield Ave. and struck with crank handle in front of 424 N. Market St. by James Johnson (Col), at 11:07 P. M., 10/13/34.

Date of onset

Other contributory causes of importance:

HOMICIDE

174

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? HOMICIDE Date of injury 10-13, 1934

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Homicide

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M.D.

(Address) Deputy Coroner

10/16/34

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.