JAN 10 1937

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

Do not use this space.

46921

File No. 12744

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Missouri City Hospital No. 1 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

B. 12207

2. FULL NAME ~~Thomas~~ Edward Wilson Edward Wilson

(a) Residence, No. 406 North Main St., 25 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: white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 7 1886

7. AGE: 50 YEARS | MONTHS: 0 | DAYS: 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hillsboro. Oregon

FATHER

13. NAME: David W. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Ella Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berrysville. Cal.

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary Cemetery 12/29/36 19

19. UNDERTAKER (ADDRESS): S Ullivan & Undertakers 2849 No Euclid Av

20. FILED: DEC 28 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/24/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/20/36, 19, to 12/24/36, 19

I last saw him alive on 12/24/36, 19 Death is said to have occurred on the date stated above, at 5.40pm.

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

Date of onset

Exfoliative dermatitis

Syphilis

Septicemia ? 34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

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) Wm S Friedenwald, M. D.

(Address) City Hospital No.1

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.

I X9314