MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8357 ~~1808~~

Township ..... Primary Registration District No. 1003 Registered No. .....

City ST LOUIS (No. ST JOHNS HOSP St. ..... Ward)

2. FULL NAME ROBERT WILSON

(a) Residence, No. 3670 W PINE St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): MARRIED.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 27 1861

7. AGE: YEARS 75 MONTHS 8 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Organ.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: VOICER. 209
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): ENGLAND.

FATHER
13. NAME: JAMES WILSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ENGLAND.

MOTHER
15. MAIDEN NAME: ELIZABETH FOLLETE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): FRANCE

17. INFORMANT (ADDRESS): ELIZABETH COCHRANE 3670 W PINE ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE: CALVARY DATE: FEB 11 1937

19. UNDERTAKER (ADDRESS): LARRY MULLEN 5165 DELMAR BLVD.

20. FILED FEB 10 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): FEB 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1937, to Feb 9th, 1937
I last saw him alive on Feb 8th, 1937. Death is said to have occurred on the date stated above, at 4:20 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar Pneumonia

108

Chronic

Other contributory causes of importance:
Myocarditis & Infection
Prostate Gland
Hypertrophy of Prostate

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? No
If so, specify .....
(Signed) Robert Wilson, M. D.
(Address) 990 Arcade Bldg

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.

473