CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH JUN 12 1937

County ..... Registration District No. 791 File No. 18110

Township ..... Primary Registration District No. 1003 Registered No. 4686

City St Louis Mo. (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Tennie Wilson.

(a) Residence, No. City Infirmary. St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Colored
4. COLOR OR RACE: Female
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Year of 1862

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

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

FATHER
13. NAME Edward Woods.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Caroline.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. INFORMANT (ADDRESS) Stella Grady. 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE FATHER DICKSON DATE MAY 7 1937

19. UNDERTAKER (ADDRESS) A. L. BEAL UND CO 2726 Lucas

20. FILED MAY 7 1937 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19- 1937, to 4-26- 1937
I last saw her alive on 4-19- 1937. Death is said to have occurred on the date stated above, at 4 38 p.m.
The principal cause of death and related causes of importance were as follows:

Erysipelas, facial — Date of onset 4-19-37

J 2 a 1

Other contributory causes of importance: Hemiplegia Rt. (old) Cerebral Hemorrhage

Name of operation none Date of
What test confirmed diagnosis? clinical 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) Henry J. Ulrich, M. D.
(Address)