

JAN 10 1938

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

43341
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital**
 (a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1000**
 (c) City **St. Louis** (d) Street No. **2601** N **Whittier** St.
 Life (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Charles Wilson**
 (a) Residence, No. **4449 St. Ferdinand** St. **III** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 11, 1935**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
2 1 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as 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) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER
 13. NAME **Louis Wilson**
 14. BIRTHPLACE (CITY OR TOWN) **Tennessee**
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME **Jane Williams**
 16. BIRTHPLACE (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Joseph's Conv. Dec 20, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Charles J. Sales**
410 Finney Avenue

20. FILED **DEC 17 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 16**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 11**, 19 **37**, to **Dec. 16**, 19 **37**

I last saw him alive on **Dec. 16**, 19 **37**. Death is said to have occurred on the date stated above, at **3:45a.** m.
 The principal cause of death and related causes of importance were as follows:

Meningitis, Pneumococcus Type VI Date of onset **12/11/37**

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **Yes**

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) **W. L. Lennin**, M. D.
 (Address) **2601 N Whittier**

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.

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STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

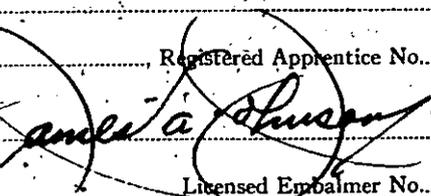
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)