

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

Do not use this space.
8571

REC'D APR 11 1938

791
1003

Registered No. **2159**

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City **St. Louis** (d) Street No. **City Hospital #1** St.
 (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 **James Wilson** *U 2 5*

(a) Residence, No. **615 Market St.** St. **25** (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 **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 **Edith Wilson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 26th. 1868**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	70	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**

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

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 **Dont Know Wilson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER

15. MAIDEN NAME **Dont Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Lois Phillips
1210 Locust St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews Cem.** DATE **3-3-38**

19. FUNERAL DIRECTOR (ADDRESS) **Provost Und. Co.
3710 N. Grand Blvd.**

20. FILED **MAR 3 1938** *J. P. Debeck* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-28-38**

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **10:15 A.M.**

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

Other contributory causes of importance:
Arteriosclerosis

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? **No**
 If so, specify..... (Signed) *Alfred J. Perry*, M.D.
 (Address) *Deputy Coroner*

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.

STATEMENT BY LICENSED EMBALMER

I, Robert L. Brinkman, Licensed Embalmer No. 3553

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

L. E. 3553

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

working under my personal supervision.

Signed

Robert L. Brinkman

Licensed Embalmer No. 3553

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.)