

REC'D MAY 6 1938

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

Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 104
 (c) City Ferguson (d) Street No. 206 S. Clay Registered No. 787
 (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 William Jason Wilcox 432
 (a) Residence, No. 206 S. Clay St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Mary Wilcox
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1856
 7. AGE YEARS 81 MONTHS 7 DAYS 22 If LESS than 1 day,hrs. ormin.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938
 22. I HEREBY CERTIFY, That I attended deceased from August 19 37 to April 30, 1938
 I last saw him alive on April 30, 1938 Death is said to have occurred on the date stated above, at 11:33P.M.
 The principal cause of death and related causes of importance were as follows:

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Pneumonia
Pneumonia
Hemiplegia
 51'
 Date of onset
 1-38
 4-38
 4-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
 13. NAME Warren P. Wilcox
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

Other contributory causes of importance
Carcinoma of prostate 7-37
Cystitis
Nephritis, secondary
 Name of operation _____ Date of _____
 What test confirmed diagnosis? N.P.N. Was there an autopsy? No

15. MAIDEN NAME Marion Winchell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

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. PH
 Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS) Mary Wilcox
206 S. Clay, Ferguson, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lansing, Mich. DATE May 2nd, 1938

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Holden M.D.
 709 (Address) 3720 Washington Ave.
St. Louis.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Duehmann-Hanel
1905 Union Blvd.
 20. FILED 52 1938 W. H. Holden Local Registrar.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Robert M Sanford

Licensed Embalmer No. 2273

P. O. Address St Louis Mo

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.)

If this body is not embalmed, above space should be left blank.