

REC'D JUL 12 1938

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

20741

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St Louis** (d) Street No. **326 South Compton ave.** Registered No. **5830**  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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

**WILLIE LEE WILSON**  
(a) Residence, No. **326 S. Compton Ave** St. **18** (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 12 - 1912**

7. AGE YEARS **27** MONTHS **2** DAYS **12** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**  
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) (STATE OR COUNTRY) **La**

13. NAME **Willie Wilson**

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

15. MAIDEN NAME **Julia Wilson**

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

17. INFORMANT (ADDRESS) **Julia Wilson**  
**326 S Compton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **June 30, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Dement - son**  
**2631 Wash St**

20. FILED **JUN 29 1938** **J. P. Bredeck** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6. 25. 1938**

22. I HEREBY CERTIFY, That I attended deceased from

**24 26. 1938** to **6. 25. 1938**

I last saw her alive on **6. 21. 1938** Death is said

to have occurred on the date stated above, at **2:30 p. m.**

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

**Valvular insufficiency** (Date of onset)

Other contributory causes of importance:

**Influenza**

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?

If so, specify **Valvular Insufficiency**

(Signed) **W. L. Cerny**, M. D.

(Address) **745 1/2 E. 11th**

**STATEMENT BY LICENSED EMBALMER**

Me

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Lonnie Boykins.

....., or by Myself

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

Signed Lonnie Boykins

Licensed Embalmer No. 2946

P. O. Address 2820 Stoddard

**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.**