

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.

AUG 1 1938 REC'D AUG 9 1938

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

26538
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 284
 (b) Township Bonhomme Primary Registration District No. 200 Registered No. 1296
 (c) City Creve Coeur Lake (d) Street No. Rock Island Right of Way 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 George Wilson 1003 alias Maxie Walker
 (a) Residence, No. 4327-Cogens Ave. St. St. Louis, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17-1905

7. AGE YEARS 32 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) 7/30 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McAlester, Okla.

FATHER 13. NAME Henry Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Frances House
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT Esther House
 (ADDRESS) 5968-Cabanne St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McAlester, Okla DATE 8-4

19. FUNERAL DIRECTOR G. W. Bruss
 (ADDRESS) 1003 N. Harrison St. Louis, Mo.

20. FILED AUG 1 1938 W. H. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1938

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 6:30 A. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset 7/30/38
Struck by railroad locomotive while ~~working~~ on railway right-of-way.

Other contributory causes of importance:
Fracture of the skull 7/30/38

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury 7/30/38
 Where did injury occur? Creve Coeur Lake, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Railroad rightaway.
 Manner of injury Struck by locomotive
 Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John O. Snull, M. D.
 Coroner of St. Louis County, Mo.

STATEMENT BY LICENSED EMBALMER

I, Earl J. Allen, Licensed Embalmer No. 3501

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

me L. E. Earl J. Allen

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

working under my personal supervision.

Signed Earl J. Allen

Licensed Embalmer No. 3501

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.)