

REC'D SEP 12 1938

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

27088
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **7102**
 (c) City St. Louis (d) Street No. Homer Phillips Bldg. St. 425
 (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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 4222 W. Lote Brilliance St. 11
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Wilson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 - 2 2 425
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Acute Intestinal Obstruction Day of onset

Other contributory causes of importance:
Strangulated left inguinal Hernia
 Name of operation Date of
 What test confirmed diagnosis? 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) Joseph M. Drent M. D.
 (Address) Deputy Coroner

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Como, Miss!
 FATHER 13. NAME Benjamin F. Wilson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. 170
 MOTHER 15. MAIDEN NAME Hettie Hiller 17
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
 17. INFORMANT Mr. F. Z. Wilson
 (ADDRESS) 4222 W. Lote Brilliance
 18. BURIAL, CREMATION, OR REMOVAL PLACE Grinkley Park DATE Aug 10, 1938
 19. FUNERAL DIRECTOR W. C. Gordon
 (ADDRESS) 264 1/2 Elmwood Bldg.
 20. FILED AUG 10, 1938 J. B. Bredeck Local Registrar.

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, W. C. Gordon, Licensed Embalmer No. 3489

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. C. Gordon
Licensed Embalmer No. 3489

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.)