

DEC 23 1938

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

41340
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Jewish Hospital 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 Walter C. Wilson

(a) Residence, No. 314 Clara Ave. St. 12
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12th, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 5 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tavern Owner
 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) New York

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lillian Wilson
314 Clara Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brooklyn, N.Y. DATE Dec. 24th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Funeral
1905 Union Blvd.

20. FILED DEC 23 1938 J. B. Brudack Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1938, to Dec 23 1938
 I last saw h. in alive on Dec 22 1938. Death is said to have occurred on the date stated above, at 6:50 A.M.

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

Perforator Gang Glanders with Diffuse Nephritis
 Date of onset _____
 Other contributory causes of importance: Obstruction of bowel from adhesion

Name of operation Affendectomy Date of Oct 22 38
 What test confirmed diagnosis? Quarles 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? No
 If so, specify _____
 (Signed) Wm. H. Meyer M. D.
 (Address) 661 Humboldt Bldg

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X14023

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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

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.