DEC 27 1938 JAN 6 1939

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

44462
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township Primary Registration District No. 200 Registered No. 2122
(c) City Lemay (d) Street No. 118 E. Cartwright 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 425 George A. Wilson
(a) Residence, No. 118 E. ~~Cartwright~~ Cartwright
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Wilson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-11-1870
7. AGE YEARS 68 MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as saw mill, bank, etc. public service
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) England 4

FATHER
13. NAME Ralph Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME Elizabeth Yardley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT (ADDRESS) Mrs. L. Watson 118 E. Carrington
18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 12-29, 1938
19. FUNERAL DIRECTOR (NAME) Southern Funeral Home (ADDRESS) 6322 S. Grand
20. FILED ..... 19 ..... Local Registrar.

DEC 27 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to Dec 24, 1938
I last saw him alive on Dec 24, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic (Congestive type)	unk
93 C	

Other contributory causes of importance:

Cardiac Asthma	Dec 14, 1938

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Dean H. Mowry M.D.
(Address) 9439 Gentry Lemay Mo

708

(Licensed Embalmer's Statement on Reverse Side)

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.

9441 Gentry
Nancy

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, Wilson Collins, or by

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

Signed Wilson Collins

Licensed Embalmer No. 3887

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.