

REC'D FEB 10 1939

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

665
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. **Homer Phillips Hospital** St.
Life (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 Leona Wilson**

(a) Residence, No. **1412 A South Cardinal** St. **18** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 25, 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 -- 24

OCCUPATION 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) **St. Louis**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Isaac Brown**

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

MOTHER 15. MAIDEN NAME **Bell Hall**

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

17. INFORMANT **Evelyn Hilliard**
(ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
Rather Dickson DATE **Jan. 22, 1939**

19. FUNERAL DIRECTOR (NAME) **Mary Wade**
(ADDRESS) **4202 Finney Ave**

20. FUNERAL HOME **J. B. Beckler**
(ADDRESS) **Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 19, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 31, 1938** to **Jan. 19, 1939**

I last saw her alive on **Jan. 19, 1939**. Death is said to have occurred on the date stated above, at **11:55 a.m.**

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

Gastric ulcer

Date of case
12/31/38

Other contributory causes of importance:

Name of operation 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?
If so, specify
(Signed) **J. B. Beckler**, M. D.
(Address) **Local Registrar**

(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.

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 _____

Licensed Embalmer No. 2698

P. O. Address 2769 Chivita

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.