

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4349
Do not use this space.

REC'D MAR 13 1939

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **Saint Louis,** (d) Street No. **Homer G. Phillips Hospital** St. **1042**
 (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 **Elvin Wilson**

(a) Residence, No. **3944 Fairfax Avenue** St. **///** (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 **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 12, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 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) **Saint Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Robert Wilson**
 14. BIRTHPLACE (CITY OR TOWN) **Unavailable**
 (STATE OR COUNTRY) **Unavailable**

15. MAIDEN NAME **Emma Wilson**
 16. BIRTHPLACE (CITY OR TOWN) **Brownville**
 (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Emma Wilson**
 (ADDRESS) **3944 Fairfax Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Feb 4th** 19**39**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**
 (ADDRESS) **4107-09 Finney Ave.**

20. FILED **FEB 1 1939** **J. P. Brudeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 31th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to **January 31th, 1939**
 I last saw him alive on **January 31th, 1939**. Death is said to have occurred on the date stated above, at **8:35 PM**
 The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia (primary)

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **Clinical** 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 **see above**
 Nature of injury **see above**

24. Was disease or injury in any way related to occupation of deceased? **NO**
 If so, specify **None**
 (Signed) **Dr. J. M. ...**
 (Address) **3800 Clark Avenue**

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.....

..... James A. Johnson, Registered Apprentice No.
working under my personal supervision.

Signed James A. Johnson
Licensed Embalmer No.
P. O. Address 4107 Finney

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.