

Registration District No. 701  
1003 Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1906 Papin  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Adleanor Wilbon 415

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dan Wilbon 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October 24, 1907  
(Month) (Day) (Year)

8. AGE: Years 31 Months 8 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Housewife

12. Name Ed Foster

13. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Arkansas Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dan Wilbon

(b) Address 1906 Papin

17. (a) Burial (b) Date thereof July 5-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4208 Finney

19. (a) JUL 3 1939 (b) J. F. Bredel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1906 Papin  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 30 day \_\_\_\_\_  
year 1939 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 28, 1939 to June 30, 1939  
that I last saw her alive on June 30, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to acute myocardial infarction caused by cholesterolemia  
Due to \_\_\_\_\_

Other conditions Pheny & Rheumatism  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 57

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredel (M. D. or other) \_\_\_\_\_  
Address 95 37 Jefferson Date signed \_\_\_\_\_

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 Chow*

**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.**