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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

SEP 14 1939 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28039
Registrar's No. 7539

Registration District No. 1002 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 217 Near Franklin
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 217 Near Franklin
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Foster Wilson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 7
year 1939 hour _____ minute 00 A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8-7-1939
(Month) (Day) (Year)

Immediate cause of death _____
Spontaneous abortion
Due to Stiff Bowel
Due to Cause Unknown
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months 5 Days Quotation hr. _____ min. _____
9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name Unknown
13. Birthplace _____
14. Maiden name Carric Wilson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant's own signature Carric Wilson
(b) Address 217 Near Franklin
17. (a) _____ (b) Date thereof 8-16-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address 2100 Rutledge
19. (a) SEP 31 1939 (Date received local registrar) _____ (Signature)

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 Joseph M. Turner (M. D. or other) _____
Address Adelpho, Iowa

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.....

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.