

WRITE FULLY IN 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 THE CENSUS

SEP 14 1939 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28063

Registration District No. 1008

Primary Registration District No.

Registrar's No. 7563

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: St. Johns Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Robert James Wilson 425

3. (b) If veteran, name war _____

3. (c) Social Security No. 492-09-3310

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 17, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28	3	12	hr. min.
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9. Birthplace Valley Park, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Core Maker

11. Industry or business Roller Mill

MOTHER FATHER

12. Name Jessie James Wilson

13. Birthplace Jefferson Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Pruett

15. Birthplace Jefferson Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Boren

(b) Address 6945 Magnolia

17. (a) Burial (b) Date thereof Sept. 2, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) AUG 31 1939 (b) J.F. Brueck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6945 Magnolia
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29
year 1939 hour 6 minute 45 P. 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.

Immediate cause of death Toxemia following amputation of right thigh suffered when crushed by crane at the Missouri Rolling Mills Company 6800 Manchester Ave., about 9:30 A.M. Aug. 26th, 1939; Crane being operated by Walter Raab.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence August 26th, 1939

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Industrial Place
(Specify type of place)

While at work? _____
(Specify type of means of injury)

23. Signature Alfred Perry (M. D. or other) _____
Address Deputy Coroner Date signed 8-31-39

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

A. J. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.