DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 14 1939 791
1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31208

Registration District No. 1003 Primary Registration District No. Registrar's No. 8271

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys 1536 Papin St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19th June 25th Sept (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 11

(d) Street No. 4340 Finney Ave (If rural, give location)

(e) If foreign born, how long in U. S. A.? 34 years.

3. (a) PRINT FULL NAME Ollie Wilson 425

3. (b) If veteran, name war Mo

3. (c) Social Security No. No

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Roy Wilson

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 6 (Day) 1905 (Year)

8. AGE: Years 34 Months 5 Days 18 If less than one day no hr. no min.

9. Birthplace Henry tenn (City, town, or county) U.S.A (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

FATHER
12. Name Sam Geern
13. Birthplace Henry tenn (City, town) U.S.A (State or foreign country)

MOTHER
14. Maiden name Willie Bell Edwards
15. Birthplace Carol tenn (City, town, or county) U.S.A (State or foreign country)

16. (a) Informant's own signature 3642 Cook

(b) Address Linnie Davis

17. (a) St Peters (Burial, cremation, or removal) (b) Date thereof Sept (Month) 27 (Day) 1939 (Year)

(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Boyd Bros Funeral Home

(b) Address 3704 Finney ave

19. (a) SEP 27 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24th year 1939 hour 8 AM minute M.

21. I hereby certify that I attended the deceased from June 16th, 1939, to Sept 24, 1939; that I last saw her alive on Sept 23, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Osteomyelitis tuberculosis

Due to following acute arthritis

Due to

Other conditions Acute arthritis (Include pregnancy within 3 months of death)

Major findings: Of operations Caries of hip bone (Femur)

Of autopsy

Duration: about 6 mos.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 3136 Chouteau Date signed 9/26/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 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.