

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33596

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1726

1. PLACE OF DEATH: **3**
(a) County: **Saint Louis**
(b) City or town: **South Kinloch-St. Ferdinand**
(c) Name of hospital or institution: **615 Wesley Ave**
(d) Length of stay: **In hospital or institution Unknown**
In this community: **Unknown**

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **St. Louis**
(c) City or town: **South Kinloch-St. Ferd. Twp.**
(d) Street No.: **615 Wesley Avenue**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME: **CALVIN WILSON 425**
8. (b) If veteran, name war: **None**
9. (c) Social Security No.: **3019-9561-N-239**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **29** year **1939** hour **6** minute **45** M.

4. Sex: **Male** 5. Color or race: **Negro**
6. (a) Single, widowed, married, divorced: **Married**
6. (b) Name of husband or wife: **Laura Wilson**
6. (c) Age of husband or wife if alive: **48** years
7. Birth date of deceased: **August 30 1884**

21. I hereby certify that I attended the deceased from **Sept. 29** to **Sept. 29**, 1939; that I last saw him alive on **Sept. 29** and that death occurred on the date and hour stated above; Immediate cause of death: **Cerebral Apoplexy**

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 55 | 0 | 29 | hr. min. |

Due to: **Arterio Sclerosis**
Due to: **Intermittent Nephritis** 1937-

9. Birthplace: **Louisiana**

10. Usual occupation: **Common Labor**

11. Industry or business: **Unknown**

12. Name: **Joe Wilson**

13. Birthplace: **Louisiana**

14. Maiden name: **Georgia Wilson**

15. Birthplace: **Louisiana**

16. (a) Informant's own signature: **Laura Wilson**

(b) Address: **615 Wesley Ave**

17. (a) **Burial** (b) Date thereof: **Oct. 3, 1939**

(c) Place: burial or cremation: **Washington Park Cem.**

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

(b) **Lix & Stanzas Aves - So. Kin**

19. (a) **OCT 2 1939** (b) **DR. M. J. ...**

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

Major findings: **131**

Of operations:

Of autopsy:

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) (d) Means of injury

23. Signature: **Jos. A. Rainey** (M. D. or other)

Address: **8 Stanlock Park** Date signed

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.