

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 THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38152

1591 DEC 13 1939 791  
Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_  
Registrar's No. 9991

1. PLACE OF DEATH:

(a) County 1

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

(c) Name of hospital or institution: Missouri Hospital  
(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 Wilson, Detwiler

8. (b) If veteran, name war nil. 3. (c) Social Security No. nil.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Wilkins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1865  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Inspector

11. Industry or business R. R.

MOTHER FATHER

12. Name James

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Emanuel Detwiler

(b) Address 322 No Boyle

17. (a) Ship (b) Date thereof 11/22/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Mullen Mrs.

(b) Address 1412 1/2 Lindell Blvd

19. (a) NOV 22 1939 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

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

(d) Street No. 322 No Boyle  
(If rural, give locality)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1939 hour 10:30 minute 4 M.

21. I hereby certify that I attended the deceased from Nov. 19  
1939 to Nov. 21 1939;

that I last saw him alive on Nov. 21 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure no definite disease of heart

Due to Acute myocarditis, following pneumonia 2 weeks

Due to Pneumonia 2 days.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 107a

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)

(c) Means of injury \_\_\_\_\_

23. Signature Porter John Everell (M. D. or other) MD.

Address 4129 Washington Date signed 11/23/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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

*Howard K. Davis*

Licensed Embalmer No. 3114

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.**