No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13236

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3438

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital ~~or institution~~ one month (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County
(c) City or town Centralia NR
(If outside city or town limits, write "RURAL")
(d) Street No. 302 S. Poplar Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Gillham Wilson 428

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mollie J. Pool Wilson

6. (c) Age of husband or wife if alive About 70 years

7. Birth date of deceased August 26, 1872 (Month) (Day) (Year)

8. AGE: Years 67 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Madison Co. Ill (City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Own Office

FATHER
12. Name John C. Wilson
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Gillham
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Russell Wilson
(b) Address Centralia, Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Ill

18. (a) Signature of funeral director Garner Funeral Home
(b) Address Centralia, Ill.

19. (a) APR 15 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 year 1940 hour One minute 30 a. M.

21. I hereby certify that I attended the deceased from February Seventh, 19 40, to April 13, 19 40; that I last saw him alive on April 13, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Edema cerebri — IN
Due to Psychosis acuta — 1 1.
Due to — 1 1
Other conditions Dermatitis venenata (chemical)
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

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 Dr Erich Brockhuan (M. D. or other)
Address 720 Metropolitan Bldg Date signed 4-15-40

(Licensed Embalmer's Statement on Reverse Side)

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 John Kelter

Licensed Embalmer No. 3880

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.