

AY 15 1940

791

Primary Registration District No. 1003

Registrar's No. 3736

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: Mo. BAPTIST HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS  
(Specify whether years, months or days)

In this community 5 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON

(c) City or town CEDAR HILL MO  
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL NR  
(If rural, give location)

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

3. (a) PRINT FULL NAME WILDER WILSON 425

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan 5 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 20

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Morse Mill Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business General Mercantile

12. Name James S. Wilson

13. Birthplace Morse Mill Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Hunter

15. Birthplace Morse Mill Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. W. Wallach

(b) Address Hillsboro Mo R 2

17. (a) Burial (b) Date thereof 4-25-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dittmer Mo

18. (a) Signature of funeral director J. P. Brimmer

(b) Address Home Springs Mo

19. (a) APP 25 1940 (b) J. P. Brimmer  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4/25 day 25  
year 1940 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 4/18, 1940, to 4/25, 1940,  
that I last saw him alive on 4/24/40, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Pericarditis with effusion  
Due to Oldema of lungs

Duration 1 week

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature L. C. W. Wallach (M. D. optional)

Address 2608 S. Kingshighway Date signed 4/25/40

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.

**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 Hetter*

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.**