

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.

JUN 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4285**

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:
3554a Olive St.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **21**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3554a Olive St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
 year 1940 hour 112 minute 30 M.
 21. I hereby certify that I attended the deceased from December
10, 1939, to May 12, 1940
 that I last saw him alive on May 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral
hemorrhage
 Duration 3 days
 Due to Brainoplegia 5 mo.

Due to thrombotic interstitial
degeneration 1 year
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations none
 Of autopsy none
 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) no
 (b) Date of occurrence no
 (c) Where did injury occur? no
(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? no (e) Means of injury no
 23. Signature J. B. Brubaker (M. D. or other)
 Address 4721 Delmar Date signed 5/14/40

3. (a) PRINT FULL NAME VANDA WILSON **H25**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Wm Edwards 6. (c) Age of husband or wife if alive unk years 4 1868
 7. Birth date of deceased 3 - 4 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Nelson Cline

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

14. Maiden name Elizabeth McGee

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

16. (a) Informant's own signature Rose Wilson

(b) Address 3554a Olive

17. (a) Burial (b) Date thereof 5/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 1231 Manchester

19. (a) MAY 14 1940 (b) J. B. Brubaker
(Date received local registrar)

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.....

Thomas Eynak

Licensed Embalmer No.....

1284

P. O. Address.....

St Louis Mo

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.