

5-92  
No. 2  
4-13-40  
5-17-39  
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8778

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2188

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether \_\_\_\_\_)  
In this community 60yrs  
years, months or days)

3. (a) PRINT FULL NAME Charles Wilson Sr

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 Norma 6. (c) Age of husband or wife if alive 60yrs years

7. Birth date of deceased Feb 22nd 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 00 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Unemployed

11. Industry or business Watchman

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Charles E Wilson Jr

(b) Address 822A Walnut St

17. (a) Burial (b) Date thereof 3/10/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrison & Sheshan Und Co

(b) Address 4415 Washington Blvd

19. (a) MAP 9 1941 (b) J. W. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No 822A Walnut St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7,  
year 1941 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from March  
4, 1941, to March 7, 1941,  
that I last saw him alive on March 7, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis  
arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_

23. Signature M. M. Karl (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 3/8/41

**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.....

*Homer W. Brutz*

Licensed Embalmer No. *3882*

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, fact should be so stated above.**