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MAY 12 1941

STANDARD CERTIFICATE OF DEATH

25867

State File No. _____

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 71

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
415 Wood Street!
(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 St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 415 Wood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Essey Wilson

3. (b) If veteran,

name war No

3. (c) Social Security

No. none

4. Sex Female 5. Color or race Colored
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Wilson 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 27 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 4 Days 4
If less than one day _____ hr. _____ min.

9. Birthplace O'Fallon Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Williams

13. Birthplace Kentucky
(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 John Wilson
(b) Address 415 Wood, St. Charles, Mo

17. (a) Burial (b) Date thereof April 7-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem, St. Charles, Mo

18. (a) Signature of funeral director H.C. Dallen
(b) Address 800 N. Second, St. Charles, Mo

19. (a) 4-2-41 (b) Clarence F. Mistle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1941 hour 10 minute 21 P.M.

21. I hereby certify that I attended the deceased from Mar 11 1941 to April 1st 1941
that I last saw him/her alive on Mar 11th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus Duration 1 yr.?
Causing Intestinal obstruction 4 days

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 Eric Schuch (M. D. or other) MD
Address St. Charles, Mo Date signed 4/3/41

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

MOTHER FATHER

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 E. Dallmeyer

Licensed Embalmer No. *2951*

P. O. Address. *St Charles 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, fact should be so stated above.