No. 2 -
1-4-41
17-39
X26390

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

FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15913

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 873

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/19/41. (Specify whether)
In this community Since 2/19/41.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 63

(a) State: Missouri (b) County: 0

(c) City or town: Vienna
(If outside city or town limits, write "RURAL")

(d) Street No.: - 0
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME: William A. Wilson

3. (b) If veteran, name war: World War

3. (c) Social Security No.: None.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: -

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

7. Birth date of deceased: October (Month) 13. (Day) 1899 (Year)

8. AGE: Years 41 Months 6 Days 9 If less than one day hr. min.

9. Birthplace: Hayden (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Farmer.

11. Industry or business: -

FATHER
12. Name: Perry Wilson
13. Birthplace: (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name: Mary Ellen Robertson
15. Birthplace: (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/28/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Vienna, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Ave.

19. (a) APR 23 1941 (Date received local registrar) (b) J. R. Meyers M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd year 1941 hour 11:15 minute p. M.

21. I hereby certify that I attended the deceased from February 19, 1941 to April 22, 1941 that I last saw him alive on April 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive heart disease, myocardial damage, anginal syndrome,	
Due to and myocardial insufficiency,	Unknown
and	
Due to Nephritis, chronic, with edema and abnormal retention of nitrogen.	Unknown
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations: -
Of autopsy: No autopsy. Refused.

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): no
(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: C. W. HUGHES, M.D. (M. D. or other) D
Address: Chief Medical Officer Date signed 4/23/41.

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1941

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. Jas Bunbley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.