

JUN 6 1941
Registration District No. 784

Primary Registration District No. 106

Registrar's No. 957

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

1. PLACE OF DEATH:

(a) County ST Louis

(b) City or town Kirkwood

(c) Name of hospital or institution: Bethesda Hospital
(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 Mo (b) County ST Louis

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

(d) Street No. 1001 Big Bend Rd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 70 0 years.

3. (a) PRINT FULL NAME Ellen Wilson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1941 hour 6 minute P.M.

3. (b) If veteran, name war -

3. (c) Social Security No. -

21. I hereby certify that I attended the deceased from 1939
to May 5, 1941
that I last saw her alive on May 3, 1941
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Sept. 7 1848
(Month) (Day) (Year)

Immediate cause of death: Diabetes Mellitus
Chy. Cardio Renal
Due to disease

Duration 15 yrs

8. AGE: Years 92 Months 7 Days 24 If less than one day hr. min.

Due to disease

Other conditions 61
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business -

MOTHER FATHER

12. Name Emmah Wilson

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

14. Maiden name Mary Miller

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

Major findings:
Of operations -

Of autopsy -

PHYSICIAN -
Underline the cause to which death should be charged statistically.

16. (a) Informant Maxie Funk

(b) Address 1001 Big Bend Rd.

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? -

17. (a) (Burial, cremation, or removal) (b) Date thereof 5-7-41
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

23. Signature D. Deanebaugh (M. D. or other) 5/6/41
Address 105 W. Lockwood Date signed 5/6/41

18. (a) Signature of funeral director Frank M. Williams

(b) Address 4-5-75 24th Street

19. (a) MAY - 6 1941 (Data received local registrar)

(b) W. R. Miller (Registrar's signature)

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.....

J. Wm Tumble

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 with the above constitutes grounds for revocation of license.)

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