

No. 2
-1-4-41
5-17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20305**
5117
Registrar's No.

Registration District No. **791**
Primary Registration District No. **1003**

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:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 days
(Specify whether
In this community 12 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 2917
(d) Street No. 2728 Walnut
(If rural, give location) F
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie Mae Wilson
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18
year 1941 hour 6:35 minute _____ P. M.

4. Sex Female 5. Color or race Negro
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 November 16, 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
May 11, 1941, to June 18, 1941
that I last saw her alive on June 18, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
26 7 2 _____ hr. _____ min.

Immediate cause of death _____ Duration
General Paralysis Indefinite

9. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Housework (home)

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

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy As above

12. Name Elmer Wilson

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

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

14. Maiden name Leona Johnson

15. Birthplace Little Rock, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Leona Randall
(b) Address 2728a Walnut Street

17. (a) Burial (b) Date thereof 6/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street

19. (a) JUN 23 1941 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

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 J. F. Brundage (M. D. or other)
Address 2601 White Date signed 6/19/41

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

NO

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..... *Joel Russell*.....
Licensed Embalmer No..... *4112*.....

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.