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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39822

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 9528

FILED JAN 24 1947

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1125 Ferry 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 000 17 9
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1125 Ferry Street. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY M. WILSON.
3. (b) If veteran, name war None
3. (c) Social Security No. None
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 February 18, 1924. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
17	9	10	hr. min.

9. Birthplace Glover, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Schoolgirl.
11. Industry or business

FATHER
12. Name Joseph E. Wilson.
13. Birthplace Brazil, (City, town, or county) Indiana. (State or foreign country)

MOTHER
14. Maiden name Mary Forsythe.
15. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Mr. Joseph E. Wilson.
(b) Address 1125 Ferry Street.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1941. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.
19. (a) DEC 1 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th. year 1941 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from April 3, 1940, 19 to Nov 28, 1941, that I last saw her alive on Nov. 28, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis or complete exhaustion	3 days
Due to: Acidosis due to complete paralysis of intestinal tract	12 day
Due to: Due to Total cord lesion (hemorrhage)	19 mo.
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Bernard H. Slotte (M.D. ~~or other~~)
Address 2302 Salisbury St Date signed 11-29-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bernard F. Flotte.
2300 Salisbury Street.
3.30 to 4.40 P.M.
Central 9564

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 3454 David E. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. L

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

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