

FILED FEB 24 1942

Registration District No. 7941

Primary Registration District No. 1003

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

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. Meramec Sta. Rd.
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry L. Wilson
3. (b) If veteran, name war.....
3. (c) Social Security No. 494-05-4643

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12
year 1942 hour 1:20 A Post 11:45 M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Pearl Kinyan Wilson
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 22 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 1942 to Jan 12 1942
that I last saw him alive on Jan 8 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
51 7 21 ..hr. ..min.

Immediate cause of death..... Duration
Chronic Myocarditis } 15
Valvular Heart Disease } years

9. Birthplace Valley Park Mo
(City, town, or county) (State or foreign country)

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

11. Industry or business Wickett Bont Co.

12. Name John Wilson

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

14. Maiden name Jane Weldon

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

16. (a) Informant Mrs. Harriet Mueller

(b) Address Meramec Sta Rd. Valley Park

17. (a) Burial (b) Date thereof 1-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) JAN 13 1942 (b) J. F. Prudeck
(Date of registration) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....
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 J. F. Prudeck (M. D. or other)
Address 105 W. Lockwood Ave Date signed 1-12-42

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.....

Louis H. Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H. Bopp

Licensed Embalmer No. *921*

P. O. Address *Kirkwood 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.