No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5142

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 1685

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 Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11 000 17

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 9

(d) Street No. 4330a Aldine (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Ethel Wilson

3. (b) If veteran, name war --

3. (c) Social Security No. --

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

6. (b) Name of husband or wife Samuel Wilson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Unavailable abt. 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
about 44			hr. min.

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

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Moses Hall
13. Birthplace Oakridge (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Vinnie Howell
15. Birthplace Oakridge (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Oma Lennox
(b) Address 4558 Garfield Ave.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-24-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oakridge, Missouri

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave. St. Louis.

19. (a) FEB 24 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20, year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 11 1942, 19 to February 20, 1942; that I last saw her alive on February 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	Unknown
Acquired Syphilis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3d
Of autopsy 3d

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 J. W. Johnson (M. D. or other)
Address 2601 Whittier Date signed 2/24/42

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address

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.