S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11808

State File No.

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 274

92
9
3

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

1. PLACE OF DEATH:
(a) County St. Charles.
(b) City or town St. Charles. St. Charles.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2900 N. Benton. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 9 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL")
(d) Street No. 9
(If rural, give location)
(e) Citizen of foreign country? No. 3 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mabel Campbell Wilson
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Meridoth Wilson
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Nov (Month) 14 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	2	hr. min.

9. Birthplace O Fallon (City, town, or county) O Mo (State or foreign country)
10. Usual occupation Home duties
11. Industry or business
FATHER
12. Name Thomas Watson
13. Birthplace Dardenne (City, town, or county) O Mo (State or foreign country)
MOTHER
14. Maiden name Harris
15. Birthplace Dont Know (City, town, or county) 1 Virginia (State or foreign country)
16. (a) Informant Meridoth Wilson
(b) Address St. Charles
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Dardenne
18. (a) Signature of funeral director A. E. Pittman
(b) Address Wentzville. Mo
19. (a) 3-19-42 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 26, 1941 to March 16th 1942 that I last saw her alive on March 14th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Colon	8 Mo
Due to 46	
Due to	
Other conditions Gen arteriosclerosis. (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer of Colon
Of autopsy No.

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 A P Erich Schultz (M. D. or other)
Address St Charles Mo Date signed 3/19/42

617

(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 .....

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

working under my personal supervision.

Signed P. E. Williams

Licensed Embalmer No. 2711

P. O. Address Wrightville

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.