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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

13197

State File No.

FILED MAY 13 [illegible] 791

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3969

**1. PLACE OF DEATH:**

(a) County 791

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community 1 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri 100 (b) County 000

(c) City or town St. Louis 22 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 Mississippi Avenue 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Margaret Wilson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

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 March 18, 1916
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 26 | 1 | 15 | hr. min. |

9. Birthplace Ball Knob, Arkansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation house-work

11. Industry or business at home

FATHER
12. Name Lloyd D. Wilson 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Myrtle Green
15. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Burrow

(b) Address West Plains, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-4-42
(Month) (Day) (Year)

(c) Place: burial or cremation NewPort, Arkansas

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) MAY 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 3
year 1942 hour 9:55 minute P M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lobar Pneumonia | |
| Due to Primary | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 108 | |

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?
(Specify type of place)

While at work? (e) Means of injury?

23. Signature Alfred Perry (M. D. or other)

Address Cypress Avenue Date signed 5/4/42

(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 Charles H. Neighbors, Registered Apprentice No. 319, working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**