V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed SEP 18 1942 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1009

State File No. 29301

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 7461

1. PLACE OF DEATH:

(a) County .....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 14 Windemere Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 506 5 17
(c) City or town Saint Louis Place
(If outside city or town limits, write "RURAL") 9
(d) Street No. 14 Windemere Place
(If rural, give location)
(e) Citizen of foreign country? ..... (~~Yes~~ or No)
If yes, name country .....

3. (a) PRINT FULL NAME Arthur O. Wilson

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male D | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Wilson 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 16, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	19	hr. ..... min.

9. Birthplace Paoli (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Banker (retired)
11. Industry or business .....

FATHER
12. Name James Wilson
13. Birthplace ..... (City, town, or county) S. C. (State or foreign country)

MOTHER
14. Maiden name Susan Dunengton
15. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Marion Wilson Weir,
(b) Address 14 Windemere Place.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington.
19. (a) SEP 7 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1942 hour 8 35 minute 8. M.

21. I hereby certify that I attended the deceased from Sept. 19, 1940, to Sept. 5th, 1942, that I last saw him alive on Sept. 5, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia, (Terminal) Unspecified	12 hrs.
Cerebral thrombosis	2 1/2 mos.
Due to senile changes	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) hiatus hernia	

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 J. D. Brookes Jr. (M. D. ~~another~~)
Address 607 N. Grand Date signed 9-6-42

(Licensed Embalmer's Statement on Reverse Side) R.E. 1885

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 Philip M. Leraig

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

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.