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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34933

FILED NOV 6 1942

Registration District No. 787 Primary Registration District No. 101 Registrar's No. 2209

1. PLACE OF DEATH:

(a) County Mo.

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Elmwood Park
(If outside city or town limits, write "RURAL")

(d) Street No. Reba & Elmwood Ave.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Lou Wilson

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

3. (c) Social Security No. Unk.

4. Sex female 3 5. Color or race colored 2 6. (a) Single, widowed, married, divorced Widow

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

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

7. Birth date of deceased ? (Month) ? (Day) 1874 ? (Year)

8. AGE: Years 68 ? Months ? Days ? If less than one day hr. min.

9. Birthplace Greenville (City, town, or county) Miss. / (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Unk. Unk.
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)

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

16. (a) Informant A. B. Porter

(b) Address Elmwood

17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 10 (Month) 26 (Day) 42 (Year)

(c) Place: burial or cremation Music

18. (a) Signature of funeral director J C Lewis

(b) Address Webster Groves

19. (a) OCT 26 1942 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1942 hour 5 minute :20 P.M.

21. I hereby certify that I attended the deceased from 10-17-42, 19, to 10-22-42, 19; that I last saw her alive on 10-22-42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Cardio-vascular disease	Years ?
Due to decompensation	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 0

23. Signature [signature] (M. D. or other) [signature]

Address St. Louis County Hosp. Date signed 10/23/42

(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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.