S. No. 2
M—5-42
v. 5-17-39
I X32873

64

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

39499

State File No.

FILED DEC 29 1942 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10583

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 17 Days Mo.
(Specify whether years, months or days)

In this community Life Time.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9/2
(If outside city or town limits, write "RURAL")

(d) Street No. 4946 McPherson Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mirian Wilson

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. V. Wilson

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept. (Month) 2 (Day) 1889 (Year)

8. AGE: Years 53 Months 3 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 02

FATHER
12. Name James H. Murphy 00
13. Birthplace St. Louis (City, town, or county) Mo 00 (State or foreign country)

MOTHER
14. Maiden name Lulie Hunt
15. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Wm V. Wilson
(b) Address 4947 McPherson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 19 (Day) 42 (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co
(b) Address 3621 Olive St

19. (a) DEC 18 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16, year 1942 hour 10:00 minute 45 P. M.

21. I hereby certify that I attended the deceased from November 6, 1942 to December 16, 1942; that I last saw her alive on December 16, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abcess of lung (rt)	
Abcess of lung (rt)	
Due to: Aspiration pneumonia, Bronchial	
Aspiration pneumonia	
Due to: Psychosis with organic Brain Disease	
Other conditions (Include pregnancy within 3 months of death): Psychosis c. organic brain disease (rt. hemiplegia)	

Major findings:
Of operations
Of autopsy Lung abscess (rt.) Encephalomalacia of l. frontal lobe.

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 [signature] (M. D. or other)
Address Date signed

(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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

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.