

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registrar's No. 4011

S. No. 2
M-1-4-41
7-5-17-39

PI X2639

Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Firmin Desloge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Wisa June Wilcox

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 19 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>1 hr. 35 min.</u>

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name Charles Cecil Wilcox

13. Birthplace Braggadocio Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elma June Herman

15. Birthplace Parma Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Wilcox

(b) Address 5632 Enright

17. (a) Funeral Home (b) Date here Mar 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Miss.

18. (a) Signature of funeral director [Signature]

(b) Address 3503 Benton

19. (a) APR 20 1943 (b) [Signature]
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 5632 Enright
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1943 hour 7 minute 10 P. M.

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

Immediate cause of death Pneumonia

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature R. Berg (M. D. or other) _____
Address 2253 Nebraska Date signed 3/20/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

This body was given to St Louis U Sch
of Medicine to the dept of neuroanatomy.
L. B. Behan M.D.

4007

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.....

Licensed Embalmer No.....

P. O. Address.....

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.