S. No. 2
M—9-4-41
V. 5-17-39

FILED APR 28 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12992

State File No. 12992

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 3560

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4327 Kossuth Ave /
(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: 000 / 17

(a) State (b) County

(c) City or town ST. LOUIS MO. 910
(If outside city or town limits, write "RURAL")

(d) Street No. 4327 Kossuth
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRIET WILSON.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W I D.

6. (b) Name of husband or wife John T. Wilson

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

7. Birth date of deceased Nov. (Month) 24th (Day) 1854 (Year)

8. AGE: Years 88 | Months 4 | Days 21 | If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Joel Whitaker
13. Birthplace N. Jersey / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane Leach
15. Birthplace Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant MARY BRANSWICK
(b) Address 4428 Ashland

17. (a) Valhalla (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Provost and Co.
(b) Address 3710 N. Grand Blvd.

19. (a) APR 1 (Date received local registrar) (b) 1943 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1943 hour 1:30 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 Coronary Sclerosis	
Due to Arteriosclerosis	
Due to 94 A	
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 3

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

Address [illegible] Date signed 4/16/43

(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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Ave

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.