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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1943
317

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15601**
Registrar's No. **1090**

Registration District No. _____

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Manchester**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 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 **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **1036 Bernice Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **William W. Wilson**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased. **May 30 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 6 hr. min.

9. Birthplace **Ills. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business _____

MOTHER FATHER { 12. Name **Washington Wilson**
13. Birthplace **Unk 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leo C. Wright**
(b) Address **1036 Bernice Kirkwood, Mo.**

17. (a) **Removal** (b) Date thereof **5-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fillmore, Ills.**

18. (a) Signature of funeral director **Louis H. Bopp Inc.**

(b) Address **Kirkwood, Mo.**
19. (a) **MAY 8 - 1943** (b) **C. E. McFarland**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1943** hour _____ minute **5:10** A. M.

21. I hereby certify that I attended the deceased from **April 20, 1943**
to **May 6, 1943**
that I last saw him alive on **May 2, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
acute cardiac dilatation 1 day
Due to **myocarditis Ch. 3 yrs**
arteriosclerosis 3 yrs
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations **930**
Of autopsy _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **C. Theslie** (M. D. or other) _____
Address **Kirkwood, Mo.** Date signed **5/8/43**

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

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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.....

John M. Meyer

Licensed Embalmer No.....

3288

P. O. Address.....

Kirkwood, Mo.

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.