

318

100a

FILED JUN 14 1943

Primary Registration District No. 1

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Marys Inf. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community 12 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County St. Clair
(c) City or town East Carondelet, NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME William J. Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. _____

4. Sex male 5. Color or race Colored
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Odessa Wilson
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Jan 18 1917
(Month) (Day) (Year)

8. AGE: Years 26 Months 4 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Little Rock Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Saborer

11. Industry or business U.S. Govt. Report

MOTHER FATHER
12. Name Spencer Wilson
13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)
14. Maiden name Stevelda Tabure
15. Birthplace Bunchen Ben La.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Spencer Wilson

(b) Address East Carondelet Ill.

17. (a) Removal (b) Date thereof June 2 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill.

18. (a) Signature of funeral director W. Marshall
(b) Address 2205 No. 4th St. St. Louis Ill.

19. (a) JUN 9 1943 (b) J. F. Woodson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from May 15
_____, 1943, to May 29, 1943;
that I last saw him alive on May 29, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death lung abscess & pneumonia
Due to bronchopneumonia
Due to cause of lung abscess
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy lung abscess
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 Edgar F. Woodson (M. D. or other) M.D.
Address 9310 N. 2nd St. St. Louis, Mo. Date signed 6/11

25 1960

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 Bern H Baldwin
Licensed Embalmer No. 2420
P. O. Address 6 Harris St

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, above space should be left blank.