

23664

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 17 1943 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6219

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:
2674 California
(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 Frank F. Wilson

3. (b) If veteran,

name war _____

3. (c) Social Security

No. 492 - 09 - 0001

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

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

alive _____ years

7. Birth date of deceased Nov. 10, 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	27	hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Machinist
Landis Machine Co.

11. Industry or business _____

12. Name Charles H. Wilson
 13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)
 14. Maiden name Ella A. Fallon
 15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Wilson(b) Address 2674 California17. (a) Burial (b) Date thereof 7/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine18. (a) Signature of funeral director Edith E. Ambruster(b) Address 4234 Manchester19. (a) JUL 9 1943 J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2674 California
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1943 hour 8.15 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Occlusion;
Arteriosclerosis;

Due to _____

Other conditions
(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)
(c) Means of injury _____23. Signature Thomas F. Callahan (M.D. or other)Address Deputy Coroner Date signed 7-9-43

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....

Stormy Eynck

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis 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.