

REGISTRATION DISTRICT NO. 317

PRIMARY REGISTRATION DISTRICT NO. 3063

REGISTRAR'S NO. 197019213

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
St. Louis County Hosp.  
(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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Times Beach  
(If outside city or town limits, write "RURAL")

(d) Street No. 229 Birch Road  
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Wilson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 385-10-0755

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 29, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62	7	20	hr. _____ min.
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9. Birthplace Peach Grove Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Gov't Inspector

11. Industry or business Emerson Electric Co.

12. Name John D. Wilson

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

14. Maiden name Unknown

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

16. (a) Informant Grace Emily Wilson

(b) Address 3950 Labadie Ave.

17. (a) Burial (b) Date thereof 8-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem.

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) AUG 24 1943 (b) C. J. McDevaney  
(Date received at Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year 1943 hour 8:45 minute P 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 Gun-shot wounds of arm and chest at the hands of Corinne Busse.

Due to Gun-shot wound of right arm and right chest; Fractured 6th rib; Punctured diaphragm, liver, peritoneal cavity and spleen.

Other conditions spleen.  
(Includes pregnancy within 3 months of death)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence August 18, 1943

(c) Where did injury occur? Times Beach  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home.  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Fancis H. Boyce Coroner (M. D. or other) \_\_\_\_\_  
Address Kirkwood, Mo. 8-20-43 Date signed \_\_\_\_\_

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

16  
3

9/6

166

AUG 24 1943

108

0015  
1958

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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..... *Louis H Bopp* .....

Licensed Embalmer No..... *921* .....

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.**