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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30551

State File No.

SEP 21 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8093

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town. 1426 N Hadley St St Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution  
en Route H Phillips 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 \_\_\_\_\_ (9) ninety 3 years, months or days

3. (a) PRINT FULL NAME GARNER WILSON

3. (b) If veteran, name war no

3. (c) Social Security No. 000

4. Sex MALE 5. Color or race COU

6. (a) Single, widowed, married, divorced MARR.

6. (b) Name of husband or wife LUCY WILSON

6. (c) Age of husband or wife if alive 47 1/2 years

7. Birth date of deceased Dec 8 1907  
(Month) (Day) (Year)

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

55 56 8 26 hr. min.

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

10. Usual occupation musician

11. Industry or business \_\_\_\_\_

12. Name Unk.

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

14. Maiden name Unk.

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

16. (a) Informant Lucy Wilson

(b) Address 1426 N Hadley St

17. (a) Burial, cremation, or removal Burial (b) Date thereof Sept 13 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Dale Cem

18. (a) Signature of funeral director W. Robinson & Son

(b) Address 2024 O Fallon St

19. (a) SEP 11 1943 (Date received local registrar) (b) J. B. Bredt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_

(c) City or town St. Louis 25  
(If outside city or town limits, write "RURAL")

(d) Street No. 1426 N Hadley St 17  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4  
year 1943 hour 8:00 minute a 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 Chronic Myocarditis

Due to \_\_\_\_\_

Due to 93

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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 Alfred P. ... (M. D. or other)

Date signed 9/7/43

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

MOTHER FATHER

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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.....

..... *my self* ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed..... *W.C. Houston* .....

Licensed Embalmer No. *2276*

P. O. Address *2912 Thomas 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, fact should be so stated above.**