S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30553

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8176

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 6002 Maple Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 21 yrs. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 5

(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17

(d) Street No. 6002 Maple Ave. 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME KATE PENN WILSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Alexander H. Wilson

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased 9 (Month) 2 (Day) 1867 (Year)

8. AGE: Years 76 Months 0 Days ~~17~~ 10 If less than one day hr. min.

9. Birthplace St. Louis County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Dr. James Penn
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Dorothy Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant J.P. Wilson

(b) Address 6002 Maple Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-14-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Troy, Missouri

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) SEP 14 1943 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1943 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from Sept. 7, 1943, 19__, to Sept. 12, 1943; that I last saw her alive on Sept. 10, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Arteriosclerosis	7 yrs
Due to: General Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

97

PHYSICIAN

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Hiram L. Tugett (M. D. or other) MD

Address 3720 Washington Blvd Date signed 9/13/43

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Fennrick

Licensed Embalmer No. 3793

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.