

FILED JAN 4 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

40757

11659

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs (Specify whether
In this community 60 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Harry Wilson
3. (b) If veteran, name war. _____ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife (Stoghenky) Wilson 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years About 70 Months - Days - If less than one day hr. min.

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

10. Usual occupation Sample Canner

11. Industry or business Wholesale Salesman

MOTHER, FATHER { 12. Name Morris Wilson
13. Birthplace Russia (City, town, or county) (State or foreign country)
14. Maiden name Sarah
15. Birthplace Russia (City, town, or county) (State or foreign country)

16. (a) Informant David Wilson

(b) Address 1711 Blvd Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Church, Hadzha

18. (a) Signature of funeral director Alvin Hand

(b) Address 1467 Washington

19. (a) DEC 25 1943 (Date received local registrar) (b) J. F. Beedick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1711 Blvd Ave (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 24
year 1943 hour 8 minute 30 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 Generalized arteriosclerosis
spinal

Due to _____
Due to 517
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____ (a) Month of injury _____
23. Signature Thomas J. Callahan (Name of other)
Address Deputy Coroner Date signed Dec 25-43

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

70

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. ~~3118~~

working under my personal supervision.

Signed.....

W. J. DeLand

Licensed Embalmer No. 3669

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.