S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43377

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 2783

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 10/4/43. (Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3927 West Belle Place
(If rural, give location)

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

If yes, name country - /

3. (a) PRINT FULL NAME George Wilson

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 490-12-2388

4. Sex Male

5. Color or race Negro

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

6. (b) Name of ~~xxxxxx~~ wife Amanda

6. (c) Age of ~~xxxxxx~~ wife if alive 31 years

7. Birth date of deceased May (Month) 1, (Day) 1896 (Year)

8. AGE: Years 47 | Months 7 | Days 11 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Machine Operator

11. Industry or business -

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

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

16. (a) Informant Alice Georgy
(b) Address Actg. Clinical Clerk, VAF, J.B., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-43 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton Blvd

19. (a) DEC 16 1943 (Date received local registrar) (b) E. J. McGovran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th, year 1943 hour 6:45 AM minute ___ M.

21. I hereby certify that I attended the deceased from October 4, 1943 to December 12, 1943 that I last saw him alive on December 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death SYPHILITIC DISEASE OF HEART WITH VALVULAR DAMAGE, AORTIC VALVE AND MYOCARDIAL DAMAGE AND MYOCARDIAL INSUFFICIENCY.	UNKNOWN
Due to -	
Other conditions Tabo paresis. (Include pregnancy within 3 months of death)	Unknown

Major findings: Of operations None

Of autopsy None

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) no

(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 L. M. COCHRAN, M.D., (M.D. or other)

Address Chief Medical Officer Date signed 12/13/43

(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~~ me

....., Registered-Apprentice No.....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.