

FILED FEB 1 1944

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Registration District No. 1818

Primary Registration District No. 1003

State File No. _____

Registrar's No. 767

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:
St. Louis Childrens 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

3. (a) PRINT FULL NAME WILSON, BABY BOY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Jan. 21, 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>3</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Carl Wilson

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

14. Maiden name Ann Rosenberg

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

16. (a) Informant Ben Gilbert

(b) Address 110 N. Ninth St.

17. (a) burial (b) Date thereof 1/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shol Emeth

18. (a) Signature of funeral director Wesley Memorial

(b) Address 4713 McPherson ave

19. (a) JAN 25 1944 (b) J. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 6248 Delmar
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24
year 44 hour 8 minute 12 P.M.

21. I hereby certify that I attended the deceased from 1-23
1944 to 1-24, 1944
that I last saw him alive on 1-24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis
Measles thrombocytopenic

Due to _____
Due to _____

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? _____ (e) Means of injury _____

23. Signature Gilbert B. Forber (M. D. or other) _____
Address 500 So. Kings Highway Date signed 1/25/44

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

No embalming
Registered Apprentice No.

working under my personal supervision.

Signed

A. H. Bergin
Licensed Embalmer No. *1597*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.