

S. No. 2
M-2-43
5-17-39
PI X35657

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5894**

FILED MAR 13 1944

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2076**

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

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: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mabel R. Wilson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Claude J. Wilson

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 15 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 14
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William R. Ross

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

14. Maiden name Jennie Thomas

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

16. (a) Informant Claude J. Wilson

(b) Address 5583 Waterman

17. (a) Removal (b) Date thereof 3-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Vernon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 2 1944 (b) Registrar's signature J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 1712

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

(d) Street No. 5583 Waterman
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29
year 1944 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from Nov 1 - 43
_____, 19____, to Feb - 29, 1944
that I last saw her alive on Feb - 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertension Heart disease
Chronic essential hypertension
Chronic nephroses
Chronic nephroses

Duration year

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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 no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place)
_____ (e) Means of injury

23. Signature Chas Miller (M. D. or other) 3/1/44
Address 408 Humboldt Date signed _____

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..... *W. W. Wilkins*.....
Licensed Embalmer No..... *3575*.....
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.