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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12245

State File No. _____

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 746

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Route # 3 Florissant (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. # 3 Florissant, Mo. (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: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Rural Florissant (If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route # 3 (If rural, give location)

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

3. (a) PRINT FULL NAME: Anna Becca Wilson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Charles A Wilson

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: January (Month) 25, (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	2	0	____ hr. ____ min.

9. Birthplace: Edina (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housekeeping

FATHER
12. Name: William Vice
13. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Kelley
15. Birthplace: unknown (City, town, or county) Kentucty (State or foreign country)

16. (a) Informant: Charles A. Wilson
(b) Address: Florissant, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/28/44. (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cemetery.

18. (a) Signature of funeral director: L. M. White
(b) Address: Ferguson, Mo.

19. (a) MAR 28 1944 (Date received local registrar) (b) E. L. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar. 1st, 1939, to Mar. 25th, 1944; that I last saw her alive on March 24th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 hr.
Due to: Arteriosclerosis	13 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage 13 yrs. ago & 5 mos. ago.	

Major findings:
Of operations: _____
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) _____
(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: H. T. Coleman M.D. (M. D. or other)
Address: Pattonville, Mo. Date signed: Mar 27, 44.

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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