No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944 8

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 20430

Registrar's No. 5237

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:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 yrs 9 mos 27 das. (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 420

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. ~~1468 Hamilton Ave.~~ City Sanitarium 9
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME CHARLES H. 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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 25 (Day) 1872 (Year)

8. AGE: Years 71 Months 5 Days 12 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Fielding C. Wilson.
13. Birthplace Henderson (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Esther Wormald.
15. Birthplace Mayesville, (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Thelma A Singler
(b) Address 5400 Arsenal St

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) JUN 9 (Date received local registrar) (b) 1944 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1944 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from January 4, 1944, to June 7, 1944
that I last saw him alive on June 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1944x
~~Due to~~ Schizophrenia - Simple	1910x
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy no

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 Palmer Romaine Bowlish (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 6/7/44

(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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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

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