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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20431

Registration District No. FILED JUL 15 1948 Primary Registration District No. 1003 Registrar's No. 5977

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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

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

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NR

3. (a) PRINT FULL NAME Frances K. 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 22 (Day) 1944 (Year)

8. AGE: Years | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Ora Wilson
13. Birthplace Rolla (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Margaret Veikamp
15. Birthplace St. James (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Margaret Wilson
(b) Address St. James, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation St. James, Missouri

18. (c) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 5 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1944 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Apr 22, 1944, to June 30, 1944, that I last saw her alive on June 30, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Bronchial	
Due to Hydrocephalus Spina bifida	
Due to Congenital	
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)
(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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Matthew W. Weis (M. D. or other) MD
Address 634 No Grand Ave Date signed 7/1/44

(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. 239

P. O. Address.....

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.