

FILED AUG 21 1944
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6734

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:
3616 N. 22nd Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Since Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17-90
(If outside city or town limits, write "RURAL") 9 20
(d) Street No. 3616 N. 22nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME DONNA FAYE 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 May 9, 1941
(Month) (Day) (Year)

8. AGE: Years 3 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation School

11. Industry or business

12. Name Elsworth W. Wilson

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

14. Maiden name Ozella Kirkman

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

16. (a) Informant Elsworth W. Wilson

(b) Address 3616 N. 22nd Street

17. (a) Burial (b) Date thereof 8/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 21 61 East Fair Avenue

19. (a) AUG 2 1944 J. F. Bredeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1944 hour 6 minute PM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull sustained Response of brain when she was struck by a street car being operated by one Lee Otto

Boiled in front of 2161 DuSableway St. around 5:50 PM

July 31 1944

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 31 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

(Specify type of place)

While at work _____ (Specify type of place) (e) Means of injury Street car

23. Signature Alfred Perry (M. D. or other)

Address Alfred Perry Date signed 8/2/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. J. O'Connell
Licensed Embalmer No. 4202
P. O. Address St. Louis Mo

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.