

FILED SEP 8 1944 8

Primary Registration District No. 1008

Registrar's No.

7464

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 14 years
years, months or days)

3. (a) PRINT FULL NAME John Henry Wilson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or Race White Negro 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Luvonia Wilson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 3 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 23 hr. min.

9. Birthplace Holly Springs Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Annice Kadden Smith
(b) Address 2809 Cass Ave.

17. (a) Burial (b) Date thereof Aug. 31 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) AUG 29 1944 J. F. Brueck
(Date received local registrar) (Registrar's signature)

844

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State _____ (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 909 N. 18th St. (If rural, give location) 921
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26,
year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from August
9, 19 44, August 26, 19 44,
that I last saw h in alive on August 26, 19 44,
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration Unk.

Due to _____

Due to _____ 921

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 Bliss Moore (M. D. or other) _____

Address 2609 S. 11th St. Date signed 8/28/44

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

Joel Russell

Licensed Embalmer No. *4712*

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.