

FILED AUG 25 1944

318

Primary Registration District No.

1003

Registrar's No.

7141

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

3. (a) PRINT FULL NAME Orville A. Wilson

3. (b) If veteran, name war..... 3. (c) Social Security
489-05-6352

4. Sex M 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Wilson 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 1900 March 8
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 7 If less than one day
hr. min.

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

10. Usual occupation Laster
11. Industry or business Milius Shoe Company

MOTHER FATHER

12. Name Charles A. Wilson
13. Birthplace Bynn Mass Mabst
(City, town, or county) (State or foreign country)
14. Maiden name Anna B. Wilson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Wilson
(b) Address Ferguson, Missouri
17. (a) Burial (b) Date thereof Aug. 17, 1944
(Burial, cremation, or removal) (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) AUG 16 1944 (b) J. F. Bredek
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Fergusons
(If outside city or town limits, write "RURAL") NR
(d) Street No. 707 Carson Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 15
year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 8-11-44 1944 to 8-15-44 1944
that I last saw him alive on 8-15-44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric lymph nodes of terminal ileum
2) Intestinal obstruction
Due to.....
Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Mesenteric lymph nodes
Of operations terminal ileum
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?
While at work? (Specify type of place) (e) Means of injury /
23. Signature Randerson (M, D, or other) D
Address Ferguson Mo Date signed 8/14/44

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

2025 JUN 03 11

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 L. M. Shute

Licensed Embalmer No. 3973

P. O. Address Jergum, 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.