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

1339

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26698

FILED SEP 8 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7470

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:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1913 So Jefferson Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Richard Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Jan (Month) 1st (Day) 1903 (Year)

8. AGE: Years 41 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Oxford (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Clerk

11. Industry or business St. Louis Ordinance Dept

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Coroner
(b) Address St. Louis, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Vale Kansas

18. (a) Signature of funeral director Peetz Bros
(b) Address 3029 Lafayette Ave

19. (a) AUG 28 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26 year 1944 hour 10 minute 10 P 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 of Skull Subdural Hemorrhage of Brain Compound Fracture of Left Leg

Due When he was struck by a automobile owned by one Will Brown Col and being Driven by one James Garvin Col

Due

Other conditions (Include pregnancy within 3 months of death) in front of 2274 So Jefferson ave around 10 pm

Major findings:
Of operations 8-26-44

Of autopsy

Duration

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) Criminal Carelessness

(b) Date of occurrence 8-26-44 000

(c) Where did injury occur? St Louis (City or town) (County) Mo (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? (e) Means of injury

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

Address Deputy Coroner Date signed 8-28-44

(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.....Frank J. Swan

Licensed Embalmer No.....2245

P. O. Address.....Rolla 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.