

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32971
State File No. 8658
Registrar's No.

FILED OCT 20 1944

Registration District No. 318 Primary Registration District No. L1003

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

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community 14 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Wilson
3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. B. Wilson 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased December 21, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 15 -- hr. -- min.

9. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business ---
12. Name Charles Long
13. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Unknown
15. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant E. B. Wilson
(b) Address 2711 North Whittier Street
17. (a) Burial (b) Date thereof 10/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 94107 84th Avenue
19. (a) OCT 11 1944 G. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 11 9
(d) Street No. 2711 N. Whittier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6,
year 1944 hour 8 minute 20 P. M.
21. I hereby certify that I attended the deceased from September
16, 1944, to October 6, 1944,
that I last saw h. er alive on October 6, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration Terminal
Due to Rheumatic Heart Disease with cardiac failure Unk.

Due to ---
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 H. M. Hiphell (M. D. or other) ---
Address 2711 N. Whittier Date signed 10/9/44

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.....

Thomas J. Gates

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.