. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19357

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4659

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:
Homer G. Phillips Hospital. 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community (36) yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town StLouis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1110. N. 13th Street, 25
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hiawatha Wilson,

3. (b) If veteran, name war none,

3. (c) Social Security No. ?

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Single, 0

6. (b) Name of husband or wife no husband,

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

7. Birth date of deceased October 24th, 1908.
(Month) (Day) (Year)

8. AGE: Years 36 Months 6 Days 25 If less than one day hr. min.

9. Birthplace StLouis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic,

11. Industry or business

FATHER
12. Name Dave Wilson,
13. Birthplace Banana, Louisana. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sadie Hendeson,
15. Birthplace Louisana, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant ~~Otto~~ Oswald Wilson

(b) Address 1110. N. 13th street, StLouis, Mo.

17. (a) Burial (b) Date thereof 5/26/45.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery.

18. (a) Signature of funeral director W. M. Parrett

(b) Address 1245. N. Glasgow, StLouis, Mo.

19. (a) MAY 26 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th,
year 1945 hour 1 minute 45 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 Bichloride of Mercury poisoning when she was found dead in bed at 927 N. 13th Street around 1.45 PM May 19. 1945

Due to Time, Place, Cause and manner of some could not be determined

Due to Open Verdict

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1630
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) Open Verdict

(b) Date of occurrence May 19 1945

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Room at 927 N 13 Street
(Specify type of place)

While at work? (e) Means of injury Carbon

23. Signature Patrick E Dugan (M. D. or other)

Address Date signed 5/28/45

(Licensed Embalmer's Statement on Reverse Side)

Mrs Keyser

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 Not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed M M Parrett

Licensed Embalmer No. .....

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.