S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33518

FILED OCT 18 1945

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 8814

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: City Sanitarium O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mos.9ds. (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. 1412 Wright St.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) O

If yes, name country ____

3. (a) PRINT FULL NAME GEORGE WILSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Pearl Wilson

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

7. Birth date of deceased Dec. 4 (Month) 1865 (Day) (Year)

8. AGE: Years 79 Months 10 Days 5 If less than one day ____ hr. ____ min.

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

10. Usual occupation Night watchman

11. Industry or business ____

FATHER
12. Name James J. Wilson
13. Birthplace Hillsboro (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ann Wilson
15. Birthplace not given (City, town or county) (State or foreign country) O

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
Hy. Leidner U. Co.

18. (a) Signature of funeral director ____
(b) Address 2220 St. Louis Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9 year 1945 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 30, 1945 to October 9, 1945 that I last saw him alive on October 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho-pneumonia-bilateral	2 wks
~~Due to~~ Arteriolar Nephrosclerosis	1945
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy Yes

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Cyrus Pachter (M. D. or other) M.D.
Address 530 Arsenal St. Date signed 10/20/45

(Licensed Embalmer's Statement on Reverse Side)

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.