U. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 3 1945

State File No. 32519

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 9157

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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 1608 Burd Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louisa Pauline Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Francis M. Wilson

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

7. Birth date of deceased Nov. (Month) 7 (Day) 1878 (Year)

8. AGE: Years 66 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Walter
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Fredericka Kaercher
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss Emma Walter
(b) Address 1608 Burd Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) OCT 23 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 21 day 21 year 1945 hour 7 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 9 1945, to Oct. 21 1945 that I last saw h. alive on Oct - 20 - 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio Pneumonia

Due to O. K. Perry Coroner 10-23-45

Due to Alfred Dep. 10-23

Other conditions Treated Alfred Dep - 9/9/45
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Accident

(b) Date of occurrence September 9, 1945

(c) Where did injury occur? In her home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature [signature] (M. D. or other)

Address 4903 Delmar Date signed 10/23/45

(Licensed Embalmer's Statement on Reverse Side)

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

4903 Delmar Blvd.

1 to 4

Ref Coroners O.C.

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 Albert A. Thompson Jr

Licensed Embalmer No. 4237

P.O. Address St. Louis

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.