DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39954

Registrar's No. 11110

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Inf.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 511 Brady Avenue N.R.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Randolph L. Wilson

3. (b) If veteran, name war World War #1

3. (c) Social Security No.

4. Sex Male

5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Nov. (Month) 11th. (Day) 1899 (Year)

8. AGE: Years 46 Months 1 Days 3 If less than one day hr. min.

9. Birthplace North Carolina (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

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

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

16. (a) Informant

(b) Address 511 Brady Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis Ill

18. (a) Signature of funeral director R. M. Green

(b) Address 3517 La Clede Ave.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~12~~ 12 day 14th year 1945 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from 12/10/45, 19__, to 12/15/45, 19__; that I last saw him alive on 12/15/45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Cancer of Stomach

Of autopsy

Duration 1 hr

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 H. H. Heathers (M. D. or other)

Address 421 Kansas Date signed 12/17/45

(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 Melvin Edward Green, Registered Apprentice No. 383 working under my personal supervision.

Signed M. E. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Ticlede Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.