

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1112
Registrar's No. 1010

FILED FEB 7 1946 318

Registration District No. _____ Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis
(c) Name of hospital or institution St. Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County C-60
(c) City or town St. Louis (If rural, give location)
(d) Street No. 113 N. 6th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Wilson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 44-18/10

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Dec 9 24 30
year 1945 hour _____ minute aw. M.
21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw him _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____
8. AGE Years 44 Months _____ Days _____ If less than one day _____ hr. _____ min. _____

Immediate cause of death Acute Myocarditis
Due to Coronary Myocarditis
Due to M.A.
Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

9. Birthplace Mich (City, town, or county) _____ (State or foreign country) _____
10. Usual occupation Hand
11. Industry or business Hand
12. Name Bank & Co
13. Birthplace Mich (City, town, or county) _____ (State or foreign country) _____
14. Maiden name Wenderson
15. Birthplace Mich (City, town, or county) _____ (State or foreign country) _____

MOTHER FATHER {
16. (a) Informant W. R. [Signature]
(b) Address Anatomical Board
17. (a) _____ (b) Date thereof 1-9-46
(Burial, cremation, or removal) _____ (Month) _____ (Day) _____ (Year) _____
(c) Place: burial or cremation Washington
18. (a) Signature of funeral director W. R. [Signature]
(b) Address 2600 Rohn St
19. (a) JAN 30 1946 (Date received by local registrar) _____ (Registrar's signature) J. F. Bredenk

Major findings: Of operations _____
Of autopsy _____
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? _____ (a) Means of injury 3
23. Signature Alfred [Signature] (M. D. or other) _____
Address St. Louis Date signed 1/21/46

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

100573

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.....

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.