

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

19062

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 4008

1. PLACE OF DEATH:

(a) County..... St. Louis
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3733a Michigan Ave.
(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)

3. (a) PRINT FULL NAME Cornelia Wilson

3. (b) If veteran,
name war Nil

3. (c) Social Security
No. None

4. Sex Female/ 5. Color or race White 6. (a) Single, widowed, married,
divorced Widow 2
6. (b) Name of husband or wife Pierre Wilson 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased June 6 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 25 hr. min.

9. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Gobro
13. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dora Westerman
(b) Address 3733a Michigan Ave.
17. (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 2 1946 (b) J. F. Bredek
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3733a Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1946 hour 3:25 minute P. M.

21. I hereby certify that I attended the deceased from May 1 to May 12, 1946
that I last saw her alive on May 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Atherosclerosis
Myocardial Infarction

Due to Myocardial Infarction

Due to Chronic Hypertension

Other conditions
(Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature J. F. Bredek (M. D. or other)
Address 3127a S. 2nd St. Date signed 5-2-46

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1947

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

Henry M. Brammer

Licensed Embalmer No.

4200

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.