

FILED MAY 27 1946
Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ROBERT WILSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married: divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 12 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Paving Contractor

11. Industry or business Same

MOTHER FATHER { 12. Name William Wilson
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Annie Madden
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Joe M. Wilson
(b) Address 455 N. Kirkwood Rd.

17. (a) Burial (b) Date thereof 5 20 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Meyer-Pitzinger Funeral Home

(b) Address 331 S. Kirkwood Rd. Kirkwood 22 Mo.

19. (a) MAY 19 1946 (b) John Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 20/17
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Montgomery Ave.
Memorial (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 9
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1946 hour 10:20 minute A M.

21. I hereby certify that I attended the deceased from 5/16, 1946 to 5/18/46, 19____;
that I last saw him alive on 5/18/46, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure Duration 1 day

Due to Acute Myocardial infarction 3 days
Due to Coronary Heart Disease 5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94
Of autopsy _____
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?

While at work? John Wayne Roberts, M.D. (Specify type of place) (c) Means of injury
23. Signature 1515 Lafayette 5/18/46
Address _____ Date signed _____

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 M. Meyer

Licensed Embalmer No.....

3288

P. O. Address.....

*531 S. Kirkwood
Kirkwood 22 Mo*

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.