

S. No. 2
OM-2.43
v. 5-17-39
P-1 X35697

FILED JUL 18 1946

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST. Louis
(b) City or town KOCH, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 381 days
(Specify whether) U
In this community 16 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 309 Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eula Eileen Wilson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wilborn Wilson 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased 10 - 23 - 23
(Month) (Day) (Year)

8. AGE: Years 22 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation factory

11. Industry or business _____

MOTHER FATHER
12. Name William F. Fowler
13. Birthplace Unknown Mo. ()
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Putter
15. Birthplace Unknown Mo. ()
(City, town, or county) (State or foreign country)

16. (a) Informant William F. Fowler

(b) Address 309 Lafayette Ave

17. (a) Burial (b) Date thereof 7-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANNAPOLIS, MISSOURI

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 LAFAYETTE AVE

19. (a) 1-10-46 (b) Edm. J. Danforth
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5
year 1946 hour 6 minute 15 PM.

21. I hereby certify that I attended the deceased from 6-19-45
_____ 19____ to 7-5 1946
that I last saw her alive on 7-5-46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 2 1/3 yrs?

Due to _____
Due to 13 1/2

Other conditions Intestinal Tuberculosis 6 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Pulmonary & Intestinal tuberculosis
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? _____ (Specify type of place) (e) Means of injury _____

23. Signature John Niedermeier (M. D. or other) MD
Address Robert Koch Hospital Date signed 7-8-46

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

20000

JAN 29 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 R. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 3301 Lafayette

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.