S. No. 2
OM—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29227

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2105

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

28065

1. PLACE OF DEATH:

(a) County S

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

(c) Name of hospital or institution: Homer Phillips Hospital 0
(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 Missouri (b) County 000

(c) City or town St Louis 12/17
(If outside city or town limits, write "RURAL")

(d) Street No. 1156 Euclid
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9/0

If yes, name country

3. (a) PRINT FULL NAME Virginia Cole Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race N

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

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

6. (c) Age of husband or wife if alive 101 years

7. Birth date of deceased Feb (Month) 22 (Day) 1868 (Year)

8. AGE: Years 78 Months 5 Days 20 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cox
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

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

16. (a) Informant Adelaide R. Scott
(b) Address 4213 Coti Brilliante

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine St

19. (a) AUG 15 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8/12, 1946 to 8/12, 1946
that I last saw her alive on 8/12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

Duration

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 0

23. Signature J. J. Thomas (M. D. or other)

Address 8 a 2 W. Jefferson Date signed

(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 .....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joel Russell

Licensed Embalmer No. 4112

P. O. Address St. Louis

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.