

FILED SEP 24 1946
Registration District No. 317

Primary Registration District No. 3063

State File No. 31291
Registrar's No. 1903

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 Wakefield Drive. /
(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 St. Louis 96
(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. # 6 Wakefield Drive 3
(If rural, give location) _____
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME RALPH C. WILSON.
3. (b) If veteran, name war World War I 3. (c) Social Security No. none

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Crane Wilson. 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 25 1889
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day
57 1 17 hr. _____ min.

9. Birthplace Underwood, Minn. /
(City, town, or county) (State or foreign country)

10. Usual occupation Instructor.

11. Industry or business Cleveland High School.

12. Name William L. Wilson. /

13. Birthplace Penn. /
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Keppel. /

15. Birthplace Penn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel C. Wilson.

(b) Address #6 Wakefield Dr.

17. (a) Cremation (b) Date thereof Sept. 14 / 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 9-14-46 (b) Ruth G. Reen /
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 12
year 1946 hour 11:30 minute P.M. P.
21. I hereby certify that I attended the deceased from June 10th 1932 to Sept. 10 1946
that I last saw him alive on Sept 10th and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure Duration 1 hour

Due to 93-d

Other conditions Chronic Myocarditis 6 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations None **PHYSICIAN**
Of autopsy None 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 _____

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature CE Stindel (M. D. or other) M.D.
Address 3651 Grand St. Date signed 9/13/46

Dr. J. H. Hender
3651 Grandel Square
JE 4430
Dr. C. R. Almon
Since so close
2 to 5 P.M.

DEC 10 1946

NOV 8 1946

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 *Clarence A. Murray*
Licensed Embalmer No. *4011*
P. O. Address *St Louis, 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.