

No. 2
-1/47
-17-39

State File No.

Registrar's No. 5548

FILED JUN 14 1947
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
pronounced dead at Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs
(Specify whether years, months or days)

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. 6148 Beaumont Avenue
21 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Annie Wilson

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Wilson 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years abt 43 Months Days If less than one day hr. min

9. Birthplace Roland, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Housewife

12. Name Anthony Williams

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

14. Maiden name Annie Hurst

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

16. (a) Informant Joseph Williams

(b) Address 1712 Baker Avenue

17. (a) Removal (b) Date thereof 5-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Ill

18. (a) Signature of funeral director J. J. Bradbeer

(b) Address 3517 Sackville Ave

19. (a) 11/1/47 (b) J. J. Bradbeer
(Date received local report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st. year 1947 hour 8 minute 17 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death External hemorrhage from stab wound of neck

Wound left common carotid artery ruptured with knife

in the hallway of the home

Pathology (Col) in the home

3400 E. Beaumont Avenue

St. Louis, Mo. May 31, 1947

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy 167

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidental

(b) Date of occurrence May 31, 1947

(c) Where did injury occur?..... (City or town) (Country) (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 knife

23. Signature Patrick S. Taylor (M. D. or other) 2

Address Deputy Coroner Date signed 6-4-47

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

MOTHER FATHER

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 _____

Edgar H Green

Registered Apprentice No. *513*

working under my personal supervision.

Signed _____

E.H. Green

Licensed Embalmer No. *1173*

P. O. Address _____

3517 E. 2nd St. Denver

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.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL", and name of township)

(c) Name of hospital or institution:
(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 Arnie Wilson

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

4. Sex M 5. Color or race B 6. (a) Single, widow, married, divorced

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of decedent (Month) (Day) (Year)

8. AGE 43 Years Months Days (If less than one day, hr. min.)

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

10. Usual occupation housewife

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) J. J. Brudick (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June Day 24 Year 1931
yes 2 hr. 15 min. M.

21. I hereby certify that I attended the deceased from June 24, 1931 to June 24, 1931, 19...;
that I last saw him alive on June 24, 1931, 19...;
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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)

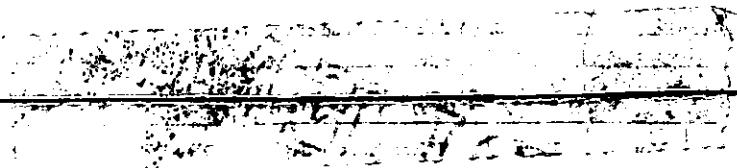
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work?..... (Specify type of place)
..... (e) Means of injury.....

23. Signature..... (M. D. or other)
Address..... Date signed.....

SUPPLEMENTAL

WRITE PLAINLY - USE READING BLACK INK - MAKE A PERMANENT RECORD

5-19587



1985-23
No. 0707
6010-20