

FILED JUL 24 1967

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(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: **City Hospital**
(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.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5031 Kensington**
12 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

CHARLES WILSON

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **497-01-7708A**

4. Sex **Male** 5. Color or race **White**
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..... **December 9, 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 29 hr. min.

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

10. Usual occupation..... **Foreman**

11. Industry or business..... **Shoe Factory**

MOTHER FATHER

12. Name..... **John Wilson**

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

14. Maiden name..... **Elizabeth Bodamer**

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

16. (a) Informant..... **Mrs. Anna Milne**

(b) Address..... **1421a McClausland**

17. (a) **Removal** (b) Date thereof..... **7-10-67**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Red Earth, Illinois**

18. (a) Signature of informant..... **Anna Milne**

(b) Address..... **1225 Union Blvd**

19. (a) **JUL 10 1967** (b) **J. F. Bradach**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **8th**
year **1967** hour **2:46** minute **P** M.

21. I hereby certify that I attended the deceased from **7/7/67** to **7/8/67**
I last saw him alive on **7/8/67** and that death occurred on the date and hour stated above.
Duration

Immediate cause of death..... **Cancer of the gall-bladder**

Due to.....

Due to.....

Other conditions.....

Major findings: **Cancer (metastatic) to the peritoneum**
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of 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?.....

23. Signature..... **David P. Duffus** (Specify means of injury) M.D. or other

Address..... **1513 Lafayette** Date signed..... **7/8/67**

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..... *W. Wilkins*
Licensed Embalmer No..... *3575*

P. O. Address.....

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.