S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33158

Primary Registration District No. 1003

Registrar's No. 8135

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 15 yrs
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. 3941 Fairfax
(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
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race COL.
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUG. (Month) 3. (Day) 1875 (Year)

8. AGE: Years 72 Months 1 Days 10 If less than one day hr. min.

9. Birthplace unkown (City, town, or county) (State or foreign country)
10. Usual occupation house woman
11. Industry or business none
FATHER
12. Name unkown
13. Birthplace unkown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unkown
15. Birthplace unkown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Roberson
(b) Address 3941 Fairfax Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Goodwin Cartwright
(b) Address 3946 Fairfax Ave.
19. (a) SEP 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1947 hour 5 minute 65 P M.

21. I hereby certify that I attended the deceased from Sept. 9, 1947, to Sept. 13, 1947; that I last saw her alive on Sept. 13, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Cardio-Vascular Disease with Cerebro-vascular Disease and Right Hemiplegia	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature O. L. Daniels (M. D. or other)
Address 2601 No Whittier Date signed 9/16/47

Jefferson City Printing Co.
(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 Theophilus E. Cooper, Registered Apprentice No. 505, working under my personal supervision.

Signed J. C. Hyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

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.