No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33160

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8589

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 years, months or days)
In this community 50 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 25 712 Carr (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Eugenia Wilson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 3 | 5. Color or Negro | 6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Joe Wilson
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased Oct. (Month) 14 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
50	10	19	hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name J. Cummingham 0
13. Birthplace Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown 9
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier St
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation OAKDALE
18. (a) Signature of funeral director Benoue Lane
(b) Address 3193 WASHINGTON
19. (a) SEP 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 3 year 1947 hour 12 minute 50 P.M.
21. I hereby certify that I attended the deceased from Aug. 30, 1947 to Sept. 3, 1947 that I last saw her alive on Sept. 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Far Advanced Pulmonary Tuberculosis	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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature John B. Clegg (M. D. or other)
Address 2601 N Whittier Date signed 9/4/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Mr. J. C. Donbek, Registered Apprentice No. ....., working under my personal supervision.

Signed Albert Kurtz

Licensed Embalmer No. .....

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.