No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33161

Registrar's No. 8393

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

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: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County rad

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. ~~5800 Arsenal St.~~ 3327 Pine St. 9
(If rural, give location)

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(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILSON, GEORGE.

3. (b) If veteran, name war - 1

3. (c) Social Security No. -

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Julia Rainer

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased December (Month) 24th; (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	8	7	hr. min.

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

10. Usual occupation Hodcarrier

11. Industry or business -

FATHER
12. Name Willis Wilson
13. Birthplace - (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Amanda Payne
15. Birthplace - (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Moses Adams
(b) Address 3849 Windsor Place

19. (a) SEP 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1st. year 1947 hour 4:20 P.M. minute M.

21. I hereby certify that I attended the deceased from August the 5th; 1947 to September 1, 1947 that I last saw him alive on September 1, 1947. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Myocardial failure	12 hrs.
Due to	
Arterio sclerotic heart disease	7 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Palma Anisim Bowlish (M. D. ~~or other~~)

Address 5800 Arsenal Date signed 9/1/47

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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed J. A. Green

Licensed Embalmer No. 9963

P. O. Address 2915 Franklin

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.