

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..... St. Louis Childrens 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..... Illinois (b) County..... Fayette

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

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

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

If yes, name country.....

3. (a) PRINT FULL NAME..... Michael Edward Wilson

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

3. (c) Social Security No. None

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..... September 9 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 5 hr. min.

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

10. Usual occupation..... Infant

11. Industry or business.....

12. Name..... Harold Wilson

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

14. Maiden name..... Agnes Becker

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

16. (a) Informant..... Harold Wilson

(b) Address..... Vandalia, Ill.

17. (a) Removal (b) Date thereof..... 9-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Vandalia, Ill.

18. (a) Signature of funeral director..... Albert H. Hoppe

(b) Address..... 4700 Washington Blvd

19. (a) SEP 16 1947 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 9 day..... 14
year..... 47 hour..... 11 minute..... 25 P.M.

21. I hereby certify that I attended the deceased from.....
9-12-47, 19....., to..... 9-14-47, 19.....
that I last saw him alive on..... 9-14, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Cardiac Insufficiency

Due to..... Respiratory Obstruction

Due to..... Tumor of Nasopharynx

Other conditions.....
(Include pregnancy within 8 months of death)

Major findings: Emergency Tracheotomy

Of operations.....

Of autopsy.....

Duration

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)

23. Signature..... R. J. Blatter (M. D. or other).....
Address..... 500 S. Kuyper Date signed.....

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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

Elmer R. Caldwell

Licensed Embalmer No. 4077

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.