S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43613

FILED JAN 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11919

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: Enroute to St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4627 McPherson Avenue, 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Andrew E. Wilson

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-03-9005

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Thelma Wilson

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased November (Month) 16 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	1	11	hr. min.

9. Birthplace Detroit (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Commercial Artist

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Thelma Wilson
(b) Address 4627 McPherson Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/47 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 29 1947 (Date received local registrar) (b) J. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 year 1947 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Coronary Sclerosis	
Due to 9 yr	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (e) Means of injury 3

23. Signature Patrick E. Taylor (M. D. or other)

Address Dep. Coroner Date signed 12/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 9, 1948

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.