No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3259

FILED JAN 30 1948

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 575

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: 4718 Cote Brilliante Ave.
(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: Missouri (b) County: 060

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

(d) Street No. 6 4718 Cote Brilliante Ave. 9 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Elizabeth Caroline Wilson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: William S. Wilson

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

7. Birth date of deceased: August (Month) 26 (Day) 1880 (Year)

8. AGE: Years 67 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace: Rosebud, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Home

11. Industry or business

MOTHER FATHER

12. Name: Henry Grote

13. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name: Susan Maupin

15. Birthplace: (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Mrs. May Overy

(b) Address: 4718 Cote Brilliante Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/21/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Lebanon

18. (a) Signature of funeral director: Drehmann-Harral

(b) Address: 1905 Union Blvd.

19. (a) JAN 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th year 1948 hour 9:45 minute P.M.

21. I hereby certify that I attended the deceased from Jan 18, 1948, to, 19; that I last saw her alive on Jan 18, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis (Chronic)	
Due to	
Due to	
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) 0

While at work? (e) Means of injury

23. Signature: C. E. Sterling (M. D. or other) MD

Address 2050 North & South Rd Date signed 18 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St Louis #14 Mo

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

Dr. C. E. Sterling (1:30-4)
2050 N. & S. Rd.

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 Albert R. Thompson Jr.

Licensed Embalmer No. 42 37

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.