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

14791

State File No. 3988

FILED MAY 7 1948

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether

In this community 63 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State MO (b) County ST LOUIS 96

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 225 So. ELM AVE 4
(If rural, give location)

N.B.

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME EDWARD FITZGERALD WILSON

3. (b) If veteran, name war NO

3. (c) Social Security No. 488-01-9198

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ADELE T WILSON

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

7. Birth date of deceased SEPT (Month) 10 (Day) 1884 (Year)

8. AGE: Years 63 Months 7 Days 17 If less than one day hr. min.

9. Birthplace GLENDALE (City, town, or county) MO (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business

FATHER
12. Name ALFRED KEMP WILSON
13. Birthplace BROOKLYN (City, town, or county) NY (State or foreign country)

MOTHER
14. Maiden name EDITH J CHIPLEY
15. Birthplace BETHEL (City, town, or county) OHIO (State or foreign country)

16. (a) Informant Mrs E. F. Wilson

(b) Address 225 S. Elm ave. Web Groves

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Und Co.

(b) Address Webster Groves Mo.

19. (a) APR 27 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 2 minute 20 a. M.

21. I hereby certify that I attended the deceased from Dec. 26, 1944 to April 27, 1948 that I last saw him alive on April 26, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Occlusion | 3 years |
| Due to: Hypertension | |
| Cardio vascular disease | 8 yrs |
| 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)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 19 E. Lockwood Date signed 4/29/48

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

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

**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.