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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21486
Registrar's No. 5661

FILED JUN 28 1948
Registration District No. 318
Primary Registration District No. 100

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:
~~Famous Barr 6th. & Olive St.~~
(If not in hospital or institution, write street number or location)
Pronounced dead at City Hospital
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Overland 96
(If outside city or town limits, write "RURAL")
(d) Street No. 8931 Midland Ave. 13
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 1
If yes, name country 1

3. (a) PRINT FULL NAME George O. Wilson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sue E. Wilson
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Feb. (Month) 15 (Day) 1868 (Year)

8. AGE: Years 80 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Bardstown (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Retired

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

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

16. (a) Informant Sue E. Wilson
(b) Address 8931 Midland Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) JUN 23 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1948 hour 1 minute 30 PM.
21. I hereby certify that I attended the deceased from 1935, 19__, to June 21, 1948, that I last saw h. alive on June 18, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	

Major findings:
Of operations
Of autopsy none

PHYSICIAN: Underline the cause to 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 J. S. Homan (M. D. or other) MD
Address 4983 Delmar ave. Date signed 6/22/48

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 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 Warren Carver

Licensed Embalmer No. 3534

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.