

Registration District No. 378 Primary Registration District No. 100's Registrar's No. 6182

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(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 _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 7329 Teasdale Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ADA BRYAN WILCOX.
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11
year 1948 hour 12:20 minute _____ P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles A. Wilcox.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 1 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/11/48
7/11/48 to 7/11/48
that I last saw her alive on 7/10, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 11 Days 10
If less than one day _____ hr. _____ min.

Immediate cause of death
Chronic Myocarditis 2 yrs
Obesity of Pancreas 5 days
Due to Diabetes Mellitus 15 yrs
Essential Hypertension XRX,
Due to _____

9. Birthplace Cushalta, Louisiana
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 61
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation at home

11. Industry or business _____
12. Name Iredell Bryan.
13. Birthplace Natchitoches, Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Edwards.
15. Birthplace Talihassi, Florida
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Lucy W. White.
(b) Address 7329 Teasdale Ave.

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?

17. (a) Burial (b) Date thereof 7-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature J. F. Bredeck (M. D. or _____)
Address 38331 Washington Date signed 7/13/48

19. (a) JUL 12 1948 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

174.4 - 000.7

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address. *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.