

FILED AUG 13 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25075

Primary Registration District No. 6076

Registrar's No. 4

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jefferson Barracks, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital
 (If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution 65 days
 (Specify whether
 In this community 24 years
 years, months or days)

3: (a) PRINT
FULL NAME

WILSON, John W.

3. (b) If veteran,

name war SPAW

3. (c) Social Security No.

none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Frances Wilson
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased January 6, 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 2 hr. min.

9. Birthplace Benton County, Arkansas
 (City, town, or county) (State or foreign country)

10. Usual occupation.

Farmer

11. Industry or business

Farmer

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name John Wilson
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VAH
 (b) Address Jefferson Barracks, Missouri
 17. (a) Removal (b) Date thereof 8-10-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Portland Oregon
 18. (a) Signature of funeral director C. Hoffmeister Fun Home
 (b) Address 7811 S. Edway, St. Louis, Mo.
 19. (a) 8-9-48 (b) Carle J. Hoffmeister
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller
 (c) City or town Eldon
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt. #2, Box #109
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
 year 1948 hour 12:50 minute 30 M.

21. I hereby certify that I attended the deceased from
June 5, 1948, to August 8, 1948;
 that I last saw him alive on August 8, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death

CORONARY THROMBOSIS

Duration

Unk

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations noneOf autopsy Autopsy performed (see cause of death)

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) no
 (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?

While at VAH (Specify type of place) (e) Means of injury 1

23. Signature L. E. Stillwell (M. D. over)
 Address VA H, Jeff. Brks., No. Date signed 8/9/48

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 Lucas C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address. 7814 S Broad

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.