S. No. 2
M—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23239

Registration District No. 176 Primary Registration District No. 5434 Registrar's No. 72

36
8

22095

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

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Washington. (St. John's Twnsp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1½ mi. W. of Washington, Mo. 8
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community None.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000 19

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5316 Delor St. 1
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Roland Wilcox ~~F. W.~~ Wilcox.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Florence Walter Wilcox

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

7. Birth date of deceased November (Month) 23rd, (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	7	17	hr. min.

9. Birthplace Unknown, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation Train Engineer Mo. Pac.

11. Industry or business Mo. Pac. R. R.

FATHER
12. Name John Wilcox
13. Birthplace Unknown, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown (City, town, or county) Unknown. (State or foreign country) 9

16. (a) Informant Florence Walter Wilcox
(b) Address 5316 Delor St. St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 S. Kingshighway, St. Louis, Mo.

19. (a) 7/10/46 (Date received local registrar) (b) [signature] (Registrar's signature)

99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1946 hour 1 minute 20 a. M.

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

Immediate cause of death Fractured Skull at Base of Brain.

Due to Missouri Pacific No 9 Train wreck.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 169-8

Of autopsy no. 30

Duration

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) accident.

(b) Date of occurrence July 10th 1946. 36

(c) Where did injury occur? Washington (City or town) Franklin (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
1½ mi west of washington Missouri Pacific
(Specify type of place)

While at work? yes. (e) Means of injury Fracture track

23. Signature E. F. Oltmann Coroner. (M. D. or other)

Address Union Mo Date signed 7/10/1946

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-23-46

AUG 22 1946

OCT 29 1950

AUG 8 1946

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. Body removed via auto to Kriegshauser Mortuaries, St. Louis, Mo. & embalmed by them.

Signed Lester H. Vett

Licensed Embalmer No. 3254

P. O. Address Washington, 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.