

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25416
Registrar's No. 6204

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>25416</u>		Registrar's No. <u>6204</u>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give town or town (in this place)) <u>St. Louis</u>				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>415 Wood Street</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle) _____			c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 15 1885</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>64 4 1</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Co. Mo</u>			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Louis Wilson</u>				13b. MOTHER'S MAIDEN NAME <u>Cecelia Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Annie Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Wilson</u> ADDRESS <u>415 Wood St. St. Charles Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> <u>arterio-sclerotic heart disease</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hepatic splenitis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Indef</u> <u>Indef</u>		
19a. DATE OF OPERATION <u>7/11/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of Right Foot - Intermittent</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260X</u>								
22. I hereby certify that I attended the deceased from <u>June 2, 1949</u> , to <u>July 13, 1949</u> , that I last saw the deceased alive on <u>July 13, 1949</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Edmund A. Lee</u>				23b. ADDRESS <u>1421 Kansas Ave. St. Charles Mo</u>			23c. DATE SIGNED <u>7/15/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. Mo</u>				
DATE REC'D BY LOCAL REG. <u>JUL 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.H. Randle & Son 3133 Bell Ave</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed..... *J. J. Chatter*

Signed.....
Student Embalmer

Licensed Embalmer No. *2698*

P. O. Address *2769 Chatter*

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.