

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35711

State File No. 8814

FILED OCT 27 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4307 Blair Avenue, 7,				d. STREET ADDRESS (If rural, give location) 4307 Blair Avenue, 7,					
3. NAME OF DECEASED (Type or Print) Warren		a. (First)		b. (Middle) E.		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12th, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 5th, 1906		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 42 11 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10b. KIND OF BUSINESS OR INDUSTRY Glaser Meat Co.			11. BIRTHPLACE (State or foreign country) Baldwin, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Wilson			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Lottie Wilson nee Howard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lottie Wilson, 4307 Blair Avenue, 7,				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterio-sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH Several years 4 2 2	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 99					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4500					
22. I hereby certify that I attended the deceased from Sept 14, 1948 , to Oct 12, 1949 , that I last saw the deceased alive on Oct 11, 1949 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert J. Pullias M.D.				23b. ADDRESS 2525 N. 20th St.		23c. DATE SIGNED 10/13/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 10/17/49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. OCT 14 1949		REGISTRAR'S SIGNATURE J. B. Lanster		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Natural Bridge Blvd			

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

Prude

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 *John A. Merwin*.....
Licensed Embalmer No. *4186*.....

Signed.....
Student Embalmer

P. O. Address *St. Louis 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.