

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43087

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 10802	
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) St. Louis		c. LENGTH OF STAY (In this place) 37 years		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		d. STREET ADDRESS (If rural, give location) 11-3718 (A) N. Grand Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle)		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 12-14-49	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 27, 1873	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		11. BIRTHPLACE (State or foreign country) Lafayette Georgia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Wilson		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Daisy J. Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE (OR NAME) Marion Wilson		ADDRESS 3718 N. Grand Ave	
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; ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Temporary Venitions ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastric Ulcer DUE TO (c) Ulcerative Colitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) St. Louis			
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? 5732			
22. I hereby certify that I attended the deceased from 12-5, 1949 , to 12-14, 1949 , that I last saw the deceased alive on 12-14, 1949 , and that death occurred at 11 A m., from the causes and on the date stated above.							
23a. SIGNATURE W. D. Dindtrath M.D.				23b. ADDRESS 5703 Chippewa		23c. DATE SIGNED 12/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 16, 1949		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.		24d. LOCATION (City, town, or county) (State) 1947 N. Florissant - MO - St. Louis	
DATE REC'D BY LOCAL REG. DEC 16 1949		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell		ADDRESS Motors 4215 Lindbergh	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ren B Campbell

Licensed Embalmer No.

3881

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.