

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7888

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 hr		d. STREET ADDRESS (If rural, give location) 3039A Easton Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) Ozie		b. (Middle) L	
c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) March 4 1950	
5. SEX Male ✓	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH SEPT 11, 1917
9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 2 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Madison Ark
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Isia Wilson		13b. MOTHER'S MAIDEN NAME Willie Burnes	
14. NAME OF HUSBAND OR WIFE Elatrice Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 500-16-6852	
(If yes, give war or dates of service) W.W. # 2		17. INFORMANT'S SIGNATURE OR NAME Isia Wilson	
		ADDRESS 3334 Lucas Avenue St. Louis Mo	
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) Traumatic Shock	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hr 20 min	
DUE TO (b) Traumatic pneumothorax		1 hr 20 min	
DUE TO (c) Multiple Fractured Ribs		1 hr 20 min	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		88234	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 114	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mcenedie Twp. Callaway Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 4 1950 8:50 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Auto Accident		ROR	
22. I hereby certify that I attended the deceased from Mar 4, 1950 , to Mar 4, 1950 , that I last saw the deceased alive on Mar 4, 1950 , and that death occurred at 9:45 p m. , from the causes and on the date stated above.			
23a. SIGNATURE Lloyd E. Hutchins		23b. ADDRESS D.O. Fulton, Mo.	
(Degree or title)		23c. DATE SIGNED 3/11/1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 30, 1950	
24c. NAME OF CEMETERY OR CREMATORY National Jefferson Brks		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo	
DATE REC'D BY LOCAL REG. Mar-11-1950		REGISTRAR'S SIGNATURE Maretha Lawrence	
426		25. FUNERAL DIRECTOR'S SIGNATURE J.H. Randle & Son	
ADDRESS St. Louis		ADDRESS 3133 Bell Avenue Mo	

(Licensed Embalmer's Statement on Reverse Side)

J. H. Randle & Son

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

MAR 17 1950

District Health Officer No. 9,
District File Number.....
RECEIVED MAR 13 1950

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

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address *2469 Chouteau*

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.