

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

11288

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2270			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 40		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Philllips Hospital				d. STREET ADDRESS (If rural, give location) 3063 Madison Ave.					
3. NAME OF DECEASED (Type or Print) Lula		a. (First)		b. (Middle)		c. (Last) Wilson			
4. DATE OF DEATH March 7 1950		5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH Dec, 29, 1890		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 2 Days 8		IF UNDER 1 HR. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Livingston, Ala.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Sandy Mays		13b. MOTHER'S MAIDEN NAME Anna Thomas			
14. NAME OF HUSBAND OR WIFE None				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 Robert Gentry-3311 LaSalle St.									
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Old Cerebro-Vascular Accident				INTERVAL BETWEEN ONSET AND DEATH Undet.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None									
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) 3311X (STATE) X					
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? _____					
22. I hereby certify that I attended the deceased from 2-24- , 19 50 , to 3-7 , 19 50 , that I last saw the deceased alive on 3-7 , 19 , and that death occurred at 12:30p m., from the causes and on the date stated above.									
23a. SIGNATURE James J. Redman (Degree or title) M.P.				23b. ADDRESS 2601 N Whittier		23c. DATE SIGNED 3-8-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.			
DATE REC'D BY LOCAL HEALTH DEPT. MAR 9 1950		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright's Funeral Home, 3100 Easton A9					

(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.....

Arthur L. Heilbard

Signed.....
Student Embalmer

Licensed Embalmer No.....

4221

P. O. Address.....

4049 St Judenard

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.