

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28806

State File No. _____

7100

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 Mo b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		d. STREET ADDRESS (If rural, give location) 10 Riteneur Ct	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hosp							
3. NAME OF DECEASED (Type or Print) a. (First) Leona Wilson			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Aug 15 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-29-1907	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during life or if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Perryville, Mo		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Charles Vogt			13b. MOTHER'S MAIDEN NAME Mary Krater		14. NAME OF HUSBAND OR WIFE William		
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 William H Wilson Overland, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mesenteric thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease 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 2 days 20 yrs	
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) _____			
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? H/6X			
22. I hereby certify that I attended the deceased from July 19, 1948 to Aug 15, 1950 , that I last saw the deceased alive on Aug 15, 1950 , and that death occurred at 6:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE MARTIN (Degree or title) Raymond T. Martin, M.D.				23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 8-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-18-1950		24c. NAME OF CEMETERY OR CREMATORY St Marys Cem		24d. LOCATION (City, town, or county) (State) Perryville, Mo.	
DATE REC'D BY LOCAL REG. AUG 21, 1950		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F. Neme ADDRESS 9222 Lackland Overland Mo			

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

0012

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.....

Al C Ostmann

Signed.....

Student Embalmer

Licensed Embalmer No. *3478*

P. O. Address.....

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.