

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

32007

State File No. 7742  
Registrar's No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 7742		
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 St. Louis		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2109		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4229a East Labadie Ave				d. STREET ADDRESS (If rural, give location) 10 4229a East Labadie Avenue				
3. NAME OF DECEASED (Type or Print) Albert			a. (First)		b. (Middle) Wilson		c. (Last)	
4. DATE OF DEATH 9/10/50		(Month) (Day) (Year)		5. SEX Male		6. COLOR OR RACE Negro		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5/7/1865		9. AGE (In years last birthday) 85		10. MONTHS Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Sweeper			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Birmingham, Alabama/		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Nelson Wilson		13b. MOTHER'S MAIDEN NAME Bettie Unknown		14. NAME OF HUSBAND OR WIFE Theo Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Theo Wilson, 4229a East Labadie Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Senile DUE TO (c) Corbide failure						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 331X				
22. I hereby certify that I attended the deceased from 8/17/1950 to 9/10/1950, that I last saw the deceased alive on 9/8/1950, and that death occurred at 3:00 p.m. 9/10/50, from the causes and on the date stated above.								
23a. SIGNATURE J.B. Jackson (M.D.) (Degree or title)				23b. ADDRESS 809 N. Jefferson Avenue		23c. DATE SIGNED 9/12/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/15/50		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. SEP 13 1950		REGISTRAR'S SIGNATURE J. B. Rader		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue				

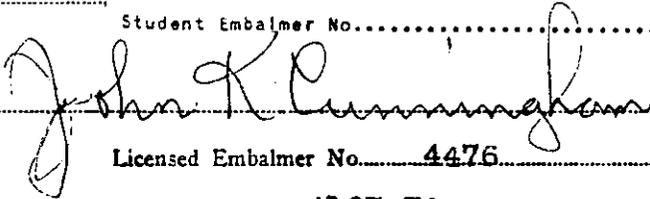
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....  


Signed.....  
Student Embalmer

Licensed Embalmer No..... 4476.....

P. O. Address 4107 Finney Avenue

**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.