

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32010

FILED OCT 5 1950

State File No. _____
Registrar's No. 8178

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8178	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		2217	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2327 Market St</i>				d. STREET ADDRESS (If rural, give location) <i>2327 Market Street</i>			
3. NAME OF DECEASED (Type or Print) <i>Willie</i>		a. (First)		b. (Middle) <i>LEE</i>		c. (Last) <i>WILSON</i>	
4. DATE OF DEATH		(Month) <i>9</i>		(Day) <i>25</i>		(Year) <i>50</i>	
5. SEX <i>male</i>		6. COLOR OR RACE <i>negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>		8. DATE OF BIRTH <i>4-8-11</i>	
9. AGE (In years last birthday) <i>39</i>		if UNDER 1 YEAR Months _____		if UNDER 1 YEAR Days _____		if UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Yazoo, Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jim Wilson</i>		13b. MOTHER'S MAIDEN NAME <i>Lizzie Richardson</i>		14. NAME OF HUSBAND OR WIFE <i>never married</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>World War I</i>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Emmett D. Wilson</i>			
ADDRESS <i>513 1/2 S. 2nd</i>							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Subdural Hemorrhage (Traumatic) Time place</i> DUE TO (c) <i>cause and manner of injury could not be determined</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <i>open Viscerit</i>				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) <i>000</i> (COUNTY) _____ (STATE) <i>Mo.</i>		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? <i>6/48</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:20 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Cathie E. Taylor</i>				(Degree or title) _____		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>9-26-50</i>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Sept 29 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Jefferson Baracks, Mo.</i>	
DATE REC'D BY LOCAL REG. SEP 28 1950		REGISTRAR'S SIGNATURE <i>Blaschke</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Boyd Bros</i>		ADDRESS <i>3706 Finney</i>	

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 Edward A. Flynn

Licensed Embalmer No. 14444

P. O. Address 45482 Dago

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.