

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 FILED OCT 18 1950 STANDARD CERTIFICATE OF DEATH

State File No. 35474

8409

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8409			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4346 Page Blvd</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 30, 1887</u>			
9. AGE (In years last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Starkville, Miss.</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Charlie Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA DATES</u>		14. NAME OF HUSBAND OR WIFE <u>MARY WILSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MARY WILSON</u>		ADDRESS <u>4446 Page Blvd.</u>			
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) <u>Carcinoma of tonsil, Nasopharynx, Hypopharynx, hard palate, and Maxillary Sinuses with Cervical Metastases.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c)				II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
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) (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? <u>145X</u>					
22. I hereby certify that I attended the deceased from <u>7-8</u> , 19 <u>50</u> , to <u>10-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-5</u> , 19 <u>50</u> , and that death occurred at <u>12:25p m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Julian Piles</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>10-5-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>		24b. DATE <u>Oct. 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>			
DATE REC'D BY LOCAL REG. <u>OCT 5 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>English Und. Co.</u> ADDRESS <u>2931 Lucas</u>					

(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 *Burleson English*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4208*.....

P. O. Address *2931 Lucas Ave*.....

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.