

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35561

State File No. ....

FILED NOV 10 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2623

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (In this place) <b>D.O.A.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b> <span style="float: right;">4800</span>	
		d. STREET ADDRESS (If rural, give location) <b>363I Lemay Ferry Road</b>	

3. NAME OF DECEASED (Type or Print) <b>John Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27, 1950</b>		
a. (First)		b. (Middle) <b>----</b>		c. (Last)	

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept 6, 1884</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Charles Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Lawton</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	(If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Roberts II</b>	ADDRESS <b>16 Lemay Gardens, Lemay, Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>crushing chest and head injuries—</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <b>pedestrian struck by automobile.</b>		
	MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>DUE TO (b) _____</b>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>450</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>public road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lemay Ferry Rd., St. Louis, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 27 50 P.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>struck by car while crossing road.</b>
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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 **6:30P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Arnold J. Willmann</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clayton 5, Mo.</b>	23c. DATE SIGNED <b>10/30/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 30, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>I200 Lemay Ferry Road</b>
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DATE REC'D BY LOCAL REG. <b>10-30-50</b>	REGISTRAR'S SIGNATURE <b>H. Bomke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister U. &amp; L. Co.</b>	ADDRESS <b>781 1/2 So. Broadway, St. Louis, Mo.</b>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

*Harry A. Schenck*

Signed.....

Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *5814 T. Broadway*

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.