

FILED JAN 13 1951

# STANDARD CERTIFICATE OF DEATH

State File No. **43036**  
**10931**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>1</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY <b>2259</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 9th Ward</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri</b>	
c. LENGTH OF STAY (in this place) <b>10 yrs</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>(Home) 1509 Gay St.</b>	
d. FULL NAME OF DECEASED a. (First) <b>Walter</b> b. (Middle) _____ c. (Last) <b>Wilson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-20-50</b>	
5. SEX <b>m</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>6-8-1881</b>
9. AGE (in years last birthday) <b>69</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <b>Oxford</b>		12. CITIZEN OF WHAT COUNTRY? <b>Miss U.S.A</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Single</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Geo Thomas</b> ADDRESS <b>813 N. 15th St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured Left Iliac Artery at Distal End</b>		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H56K</b>

22. I hereby certify that I attended the deceased from **2**, 19**50**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Patrick E. Gayles** (Degree or title) **Coroner** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **12-21-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>1</b>	24b. DATE <b>12-23-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County MO</b>
DATE REC'D BY LOCAL REG. <b>DEC 22 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gus Lowe 2930 Dickson St.</b>	

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

*None*

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 *Arthur L. Hilliard*

Signed.....

Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address *14049 24<sup>th</sup> Indiana*

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.