

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6817

1124

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO.**  
b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN **St. Louis**

c. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN **St. Louis** **2219**

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**Homer G Phillips Hospital**

d. STREET ADDRESS (If rural, give location)  
**21 2614 GAMBLE ST.**

3. NAME OF DECEASED  
a. (First) **Bessie**  
b. (Middle) \_\_\_\_\_  
c. (Last) **Wilson**

4. DATE OF DEATH (Month) (Day) (Year)  
**Feb. 2 1951**

5. SEX **3**  
**FEMALE**

6. COLOR OR RACE **C**

7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**WIDOW**

8. DATE OF BIRTH  
**12-27-1886**

9. AGE (In years last birthday) **64**  
IF UNDER 1 YEAR Months Days  
IF UNDER 24 HOURS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Nil**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**St. Louis MO.**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME  
**Richard Jones**

13b. MOTHER'S MAIDEN NAME  
**Sarah Brooks**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**2614 Gamble, Madex Falls**

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) **Hypertensive Heart Disease**  
  
ANTECEDENT CAUSES  
DUE TO (b) **Congestive Failure**  
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*  
  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
*Conditions contributing to the death but not related to the disease or condition causing death.* **None**

INTERVAL BETWEEN ONSET AND DEATH  
**Undet.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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) m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
**HH 3 X**

22. I hereby certify that I attended the deceased from **1-31**, 19**51**, to **2-2**, 19**51**, that I last saw the deceased alive on **2-2**, 19**51**, and that death occurred at **2:30a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**Alvin J. Thompson, M.D.**

23b. ADDRESS  
**2601 N Whittier St**

23c. DATE SIGNED  
**2-2-51**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**

24b. DATE  
**2-7-51**

24c. NAME OF CEMETERY OR CREMATORY  
**St. Peters**

24d. LOCATION (City, town, or county) (State)  
**St. County MO.**

DATE REC'D BY LOCAL REG.  
**FEB 5 1951**

REGISTRAR'S SIGNATURE  
**[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Bessie Love 3103 Northrup**

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

ERR S

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 \_\_\_\_\_

*H. Claude Gordon*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.