

FILED MAY 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14916**
3745

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 Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka		4740.			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) rural					
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE			b. (Middle) FRANCIS			c. (Last) WILSON.			
4. DATE OF DEATH (Month) (Day) (Year) April 19, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED		8. DATE OF BIRTH NOVEMBER 6 1871	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____		Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - ASS'T CIR. MNG. NEWSPAPER				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) SAINT LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME WILSON			13b. MOTHER'S MAIDEN NAME JOSEPHINE CHARLVILLE			14. NAME OF HUSBAND OR WIFE KATHERINE V. WILSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME JOSEPHINE MACCARTHY					ADDRESS 7507 BYRON PL.
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myelogenous Leukemia						INTERVAL BETWEEN ONSET AND DEATH abt 3rd	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis						year	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 204.3					
22. I hereby certify that I attended the deceased from 4/12, 1951 , to 4/19, 1951 , that I last saw the deceased alive on 4/18, 1951 , and that death occurred at 9 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Lin F. Bean				(Degree or title) MD		23b. ADDRESS 3720 Oakhunting		23c. DATE SIGNED 4/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 2 APRIL 21/51		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO			
DATE REC'D BY LOCAL REG. APR 21 1951		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons				ADDRESS 7233 Delmar Blvd.

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 Melvin L. Kemper

Licensed Embalmer No. 405-2

P. O. Address St. Louis, Mo.

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.