

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

No. 300  
10-48

FILED JAN 10 1952

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| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____   |   | State File No. ....  |                                     | Registrar's No. ....  |                                |                                |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>2219</u> |   |  |                                     |   |                                |                                |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (In this place)<br><u>21</u> TOWN <u>St. Louis</u>                                   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>  |   | d. STREET ADDRESS (If rural, give location)<br><u>2219 rear Carr</u> |                                     |   |                                |                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Homer G Phillips Hospital</u>  |  |  |  |  |   |  |                                     |   |                                |                                |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Wilbert</u><br>b. (Middle) _____<br>c. (Last) <u>Oil</u>   |  |  | 4. DATE OF DEATH<br>(Month) <u>Dec.</u> (Day) <u>13</u> (Year) <u>1951</u> |  |   |  |                                     |   |                                |                                |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>Colored</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>SINGLE</u>                                | 8. DATE OF BIRTH<br><u>5-3-1902</u>  |  | 9. AGE (In years last birthday)<br><u>49</u>                          | IF UNDER 1 YEAR<br>Months _____                                      | IF UNDER 1 YEAR<br>Days _____       | IF UNDER 24 HRS.<br>Hours _____   | IF UNDER 24 HRS.<br>Min. _____ |                                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Labor</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Mo</u>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>                         |                                     |   |                                |                                |  |
| 13a. FATHER'S NAME<br><u>Joseph Oil</u>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>                                |  |   | 14. NAME OF HUSBAND OR WIFE _____                                    |                                     |   |                                |                                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Odell Oil</u>  |   |  |                                     |   |                                | ADDRESS<br><u>3954 W. Bell</u> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis (Moderately Advanced)</u>                |  |  |  |   |  |                                     | INTERVAL BETWEEN ONSET AND DEATH<br><u>Undet.</u>                                   |                                |                                |  |
|  | ANTECEDENT CAUSES<br>DUE TO (b) <u>Undetermined</u>  |  |  |  |   |  |                                     |   |                                |                                |  |
|  | DUE TO (c) _____   |  |  |  |   |  |                                     |   |                                |                                |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>None</u> |  |  |  |   |  |                                     |   |                                |                                |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |   |  |                                     | 20. AUTOPSY?<br>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?<br><u>ROCK</u>  |   |  |                                     |   |                                |                                |  |
| 22. I hereby certify that I attended the deceased from <u>11-9</u> , 19 <u>51</u> , to <u>12-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-13</u> , 19 <u>51</u> , and that death occurred at <u>1:30 a.m.</u> , from the causes and on the date stated above. |  |  |  |  |   |  |                                     |   |                                |                                |  |
| 23a. SIGNATURE<br><u>Larry W. Harris</u><br>(Degree or title) <u>M.D.</u>  |  |  |  | 23b. ADDRESS<br><u>2601 N Whitti St</u>  |   |  | 23c. DATE SIGNED<br><u>12-13-51</u> |   |                                |                                |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 24b. DATE<br><u>12-17-51</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Oakdale</u>                       |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Mo.</u> |  |                                     |   |                                |                                |  |
| DATE REC'D BY LOCAL REG.<br><u>DEC 17 1951</u>   |  | REGISTRAR'S SIGNATURE<br><u>Paul Smith</u>   |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Wm. F. Bone</u>                |  | ADDRESS<br><u>215 So. Jeff</u>      |   |                                |                                |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. *2769 J*

P. O. Address. *2769 Chouster*

**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.