

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14938

State File No.

3679

DECEASED MAY 1 - 1952

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.	
1. PLACE OF DEATH a. COUNTY 5				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 Saint Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		d. STREET ADDRESS (If rural, give location) 15 4431 South Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION HICOME HOME OF THE FRIENDLESS				d. STREET ADDRESS (If rural, give location) 15 4431 South Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH		c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) APRIL 17 1952			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 7 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Teacher		11. BIRTHPLACE (State or foreign country) St Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William E Robinson		13b. MOTHER'S MAIDEN NAME Rebeca H Spears		14. NAME OF HUSBAND OR WIFE Elon G Wilson, deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Home of the Friendless, St. Louis, Mo			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial Nephritis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Oedema of Lungs				INTERVAL BETWEEN ONSET AND DEATH 2 mo 3 week 2 yrs 1 week	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 442 X			
22. I hereby certify that I attended the deceased from Jan , 19 40 , to April 17, 1952 , that I last saw the deceased alive on Apr 15, 1952 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas E. Hudman M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 4/18/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-21-1952	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Missouri		
DATE REC'D BY LOCAL REG. APR 19 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER COLONIAL MORTUARY 6464 Chippewa St. St. Louis, Mo			

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

S. No. 300
V. 10-48

Copy New. Code 442 X

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 *Harry Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 8th 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.