

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22826

State File No.

FILED JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6044

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (in this place) Unknown	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 1913a St. Louis Avenue, 6,		d. STREET ADDRESS (If rural, give location) 26 1913a St. Louis Avenue, 6,	

3. NAME OF DECEASED (Type or Print)	a. (First) Margaret	b. (Middle) C.	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) June 26th, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 15th, 1878	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months Days	11. UNDER 10 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Madison County, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David G. Livengood	13b. MOTHER'S MAIDEN NAME Maryann Allen	14. NAME OF HUSBAND OR WIFE Late James L. Wilson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alberta St. John, 1913a St. Louis Ave	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day 10 days 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Terminal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral accident DUE TO (c) Chronic myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 4222
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22. I hereby certify that I attended the deceased from June 16, 1952, to June 26, 1952, that I last saw the deceased alive on 6-25, 1952, and that death occurred at 11:55A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. C. Creme	23b. ADDRESS 2504 N 14th St. Louis	23c. DATE SIGNED 6-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/29/52	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) De Soto, Missouri
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DATE REC'D BY LOCAL REG. JUN 27 1952	REGISTRAR'S SIGNATURE J. C. Creme	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SECRETARY GENERAL

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 John A. Mlinar
Licensed Embalmer No. 4186

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.