

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25469

State File No. ....

JUL 28 1952

BIRTH NO. ....		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 150		
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b> 0923				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Charles</b>		c. LENGTH OF STAY (in this place) <b>3-Days</b>		c. CITY (If outside corporate limits; write RURAL and give township) <b>St. Charles</b> 0923				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1033 Tompkins Street</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>		b. (Middle) <b>Lester</b>		c. (Last) <b>Wilcox</b>		
		4. DATE OF DEATH		(Month) <b>July</b> (Day) <b>21</b> (Year) <b>1952</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 1, 1905</b>		
		9. AGE (in years last birthday) <b>46</b>		if UNDER 1 YEAR Days		if UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stock Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware Store</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>Chauncey Wilcox</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Eckler</b>		14. NAME OF HUSBAND OR WIFE <b>Frances M. Ruff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-01-6840</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Frances Wilcox, St. Charles, Mo</b>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Essential Hypertension</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b>						
		DUE TO (c) <b>None</b>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>						
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>None</b>				
22. I hereby certify that I attended the deceased from <b>January, 1949</b> , to <b>July 21, 1952</b> , that I last saw the deceased alive on <b>July 21, 1952</b> , and that death occurred at <b>7:50 p. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Don Z. Randall, M.D.</b>				23b. ADDRESS <b>207 N. 5th St. Charles, Mo.</b>		23c. DATE SIGNED <b>July 23, 1952</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 24, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Charles Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-22-52</b>		REGISTRAR'S SIGNATURE <b>Francine Hamilton</b>		FURNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>H.C. DALLMEYER &amp; SONS CO., ST. CHARLES, MO.</b>				

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

APR 8 1958

**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 Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.