

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **356** PRIMARY REG. DIST. NO. **6206** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Jackson		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.	
c. LENGTH OF STAY (In this place) 1 1/2 hr		d. STREET ADDRESS (If rural, give location) 4113 West Pine	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute to Hospital in ambulance			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) LEE	
		c. (Last) Wilcox	
4. DATE OF DEATH (Month) (Day) (Year) 9 27 52			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 10, 1920
9. AGE (In years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during most of working life when if retired) Dr. worker	11. BIRTHPLACE (State or foreign country) Hartshorn, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN Wilcox		13b. MOTHER'S MAIDEN NAME Eura Belew	
14. NAME OF HUSBAND OR WIFE Jrma Wilcox			
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. 496-187222	
17. INFORMANT'S SIGNATURE AND ADDRESS Jrma Wilcox 4113 West Pine.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple skull fractures profound shock due to hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.	
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) Accident		21b. PLACE OF ACCIDENT (Give street, farm, factory, street, office, bridge, etc.) Houston, Mo #63	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) RAYMONDVILLE TEXAS MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 27 52 12:30 AM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW INJURY OCCURRED fell out gear he was driving	
22. I hereby certify that I attended the deceased from 9-27-52 , to 9-27, 1952 , that I last saw the deceased alive on 9-27 , 19 52 , and that death occurred at 2 AM m., from the causes and on the date stated above.			
23a. SIGNATURE Edith Kramer MD		23b. ADDRESS Houston, MO	
23c. DATE SIGNED 9-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-52	
24c. NAME OF CEMETERY OR CREMATORY SUMMERSVILLE		24d. LOCATION (City, town, or county) (State) SUMMERSVILLE MO	
DATE REC'D BY LOCAL REG. 10-1-52		REGISTRAR'S SIGNATURE Myrtle Craig	
25. FUNERAL DIRECTOR'S SIGNATURE Elliott General Home		ADDRESS Houston MO	

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

OCT 17 1952

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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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.