

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40874**
10199

BIRTH NO. **73312** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10199**

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO.** b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**
c. LENGTH OF STAY (In this place) **3 hrs. 50 mins**

c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**
d. STREET ADDRESS **2901 Bell Av.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips**

d. STREET ADDRESS (If rural, give location) **2901 Bell Av.**

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last)
Wilson

4. DATE OF DEATH (Month) (Day) (Year)
10-3-52

5. SEX **Male**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **N**

8. DATE OF BIRTH **10-2-52**

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins. **3 150**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Roosevelt Wilson**

13b. MOTHER'S MAIDEN NAME **Evie Branch**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mary D. Jett, R.R. 2601 N. Whittier**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Premature birth**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **776X**

22. I hereby certify that I attended the deceased from **10-2-1952**, to **10-3-1952**, that I last saw the deceased alive on **10-3-1952**, and that death occurred at **3:40a** m., from the causes and on the date stated above.

23a. SIGNATURE **M. D.** (Degree or title)

23b. ADDRESS **2601 N. Whittier**

23c. DATE SIGNED **10-4-52**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **11-29-54**

24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **NOV 6 1952**

REGISTRAR'S SIGNATURE **Carl Smith MO**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Rowland Mortuary Service 4104 Manchester Ave**

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

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.....

P. O. Address.....

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.