

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. **12536**
 FILED **MAR 24 1953**  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2473**

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>MISSOURI</b><br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>  |                                  | c. LENGTH OF STAY (In this place)<br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD 4713</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAITH HOSPITAL</b>  |                                  | d. STREET ADDRESS (If rural, give location)<br><b>220 Altus Place</b>   |   |
| 3. NAME OF DECEASED<br>(Type or Print) <b>ELIZABETH</b>  |                                  | a. (First)  | b. (Middle)                                   |
|  |                                  | c. (Last)<br><b>WILSON</b>  |   |
| 4. DATE OF DEATH <b>3-4-53</b><br>(Month) (Day) (Year)   |                                  |   |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b>   | 8. DATE OF BIRTH<br><b>9-29-1889</b>          |
| 9. AGE (In years last birthday)<br><b>63</b>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-</b> |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>ST. LOUIS MO</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>WM W. WILSON</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>ANNA KIRK</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>-</b>  |                                  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Marquette Nelson</b>   |                                  | ADDRESS<br><b>220 Altus Pl</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                |                                  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hrs</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>_____ |   |
| 19a. DATE OF OPERATION<br><b>-</b>   |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>-</b>  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |   |   |
| 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) _____  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR<br><b>4201</b>   |                                  |   |   |
| 22. I hereby certify that I attended the deceased from <b>Dec. 23, 1952</b> to <b>March 4, 1953</b> , that I last saw the deceased alive on <b>March 4, 1953</b> , and that death occurred at <b>3:15 PM</b> , from the causes and on the date stated above. |                                  |   |   |
| 23a. SIGNATURE (Degree or title)<br><b>Alonzo Miller M.D.</b>  |                                  | 23b. ADDRESS<br><b>University Club Bldg</b>   |   |
| 23c. DATE SIGNED<br><b>3-5-53</b>  |                                  |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 24b. DATE<br><b>3-6-53</b>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Earlham Cem</b>   |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>Richmond Indiana</b>  |   |
| DATE REC'D BY LOCAL REG.<br><b>MAR 5 1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith md.</b>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>A. Know</b>   |                                  | ADDRESS<br><b>2707 N. Grand</b>   |   |

8.P. (Licensed Embalmer's Statement on Reverse Side)

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 M. W. Ruster

Licensed Embalmer No. 4865

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.