

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23244**Registrar's No. **5535**

ED JUN 20 1953

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

\_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>9 hrs.</u>	c. CITY OR TOWN <u>E. St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1410 South G. St.</u> <b>8120</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) _____ c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1953</u>	
5. SEX <u>Fem.</u> <b>3</b>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>March 9- 1886</u>
9. AGE (In years) (last birthday) <u>67</u> <b>67</b>		10. IF UNDER 1 YEAR <u>2</u> <b>23</b>	11. IF UNDER 24 HRS. <u>_____</u> <b>_____</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Beaune vist. Miss. Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nathan Strongdon</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		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 <u>Rddie Brown Bright</u> ADDRESS <u>14089 St</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute Generalized Peritonitis: contrib.:</u> DUE TO (c) <u>Perforated Gastric</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Appendicitis</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>5501</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>545A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>6/30/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>6-3-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>111 N. 13th. st. E. St. Louis, Ill.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 3 1953</u> <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____	

(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.....  
Signature of Student Embalmer

Signed *A. J. Nash*.....

Licensed Embalmer No. *2432*.....

P. O. Address *3847 Payne*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.