

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30548

FILED AUG 20 1953

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7111

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7111	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 13 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital				e. STREET ADDRESS (If rural, give location) 6717 Delor 2039			
3. NAME OF DECEASED (Type or Print) SHADRACH (Shade)		a. (First)		b. (Middle)		c. (Last) WILSON III	
4. DATE OF DEATH July 19, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Nov. 16, 1939		9. AGE (In years last birthday) 13 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME SHADRACH WILSON Jr.		13b. MOTHER'S MAIDEN NAME RUBY SIEMERS		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 Mr. & Mrs. Shade Wilson, Jr., 6717 Delor St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Spleen suffered in collision betw een door operated by one Lewis Stanton and ear operated by one Robt. Wilson an Hanky (b) _____ (c) _____ II. OTHER SIGNIFICANT CONDITIONS (a) 21. near Otterville Mo (b) _____ (c) _____ Conditions contributing to the death but not related to the disease or condition causing death				INTERVAL BETWEEN ONSET AND DEATH about 10 15 am July 19 1953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) Hanky		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Otterville Mo			
21d. TIME OF INJURY July 19 53 10:15		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 816.4			
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 _____ m., from the causes and on the date stated above. 26							
23a. SIGNATURE Patrick E Taylor		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.21.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 22, 1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 21 1953 J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Address Reidervieder F.H. Inc. 1936 St. Louis 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. 1000 working under my personal supervision..

Student.....None.....
Signature of Student Embalmer

Signed.....Delia J. Krupin.....

Licensed Embalmer No. 34

P. O. Address St. Louis

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.