

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **34335**

FILED OCT 1 - 1953

BIRTH NO. **66927** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8278**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland Mo #23X</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>3114 Calvert</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>			

3. NAME OF DECEASED a. (First) <b>BAAY</b> b. (Middle) <b>Bay</b> c. (Last) <b>Wilson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 30-53</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	
8. DATE OF BIRTH <b>7-30-53</b>			9. AGE (In years last birthday) <b>8 15</b>		IF UNDER 1 YEAR Months Days
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) <b>St. Louis, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>Thomas Woodrow Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Florence Sotter</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas Woodrow Wilson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>3114 Calvert, Overland Mo</b>	

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) <b>Prematurity</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity 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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>776X</b>		

22. I hereby certify that I attended the deceased from **7/30, 1953**, to **7/30, 1953**, that I last saw the deceased alive on **7/30, 1953**, and that death occurred at **9:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hitchell Jones</b> (Degree or title)		23b. ADDRESS <b>2700 Wilson Rd Overland</b>		23c. DATE SIGNED <b>7-31-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>AUG 31 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>AUG 26 1953</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary, Svc. 4104 MANCHESTER</b>	
---	--	---	--	--	--

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

WRITE PLAINLY—USING UNFAADING 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.**