

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41495

State File No. _____

FILED DEC 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>3004</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis Co.</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flouissant</u>		d. STREET ADDRESS (If rural, give location) <u>R-2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>		e. LENGTH OF STAY (In this place) <u>11 days</u>		a. STATE <u>MO.</u>		b. COUNTY <u>St. Louis</u>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>WALTER</u>		b. (Middle) _____		c. (Last) <u>WILSON</u>		6. COLOR OR RACE <u>C.</u>	
(Type or Print)						7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 1883</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unk.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Massachusetts</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>unk.</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>unk. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>unk. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Wilson</u> ADDRESS <u>Robertson Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Chronic glomerulonephritis</u>					
		DUE TO (c) <u>Arteriosclerotic Cordis Vasculis Arteriosclerosis</u>					
		11. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia, Pericardial ulcer</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
						4221	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-27</u> , 19 <u>53</u> to <u>11-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>53</u> , and that death occurred at <u>4:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard P. Ernst M.D.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>		23c. DATE SIGNED <u>11/16/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mane Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Maryland St. MO.</u>	
DATE REC'D BY LOCAL REG. <u>11/21/53</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Tomkamp</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bellair & Hall</u> ADDRESS <u>Robertson Mo.</u>			

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

Leroy H. Bannister

Licensed Embalmer No. 4529

P. O. Address 3880 Easton

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.