

FILED JUL 9 1954  
 KC 3887045  
 REG. 2039 SL 1037

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

21479  
 State File No. ....  
 Registrar's No. 5756

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MISSOURI b. COUNTY ST. LOUIS   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand Blvd St. Louis, Missouri |  | c. LENGTH OF STAY (in this place) 1 Day   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | c. CITY OR TOWN VALLEY PARK 476   |  |
|  |  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
|  |  | e. STREET ADDRESS (If rural, give location) 14 LOOKOUT  |  |

|  |  |
|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) JOHN<br>b. (Middle) C.<br>c. (Last) WILSON | 4. DATE OF DEATH (Month) (Day) (Year)<br>6-26-54 |
|--|--|

|             |                        |  |                          |                                    |                        |                             |
|-------------|------------------------|--|--------------------------|------------------------------------|------------------------|-----------------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 5-22-23 | 9. AGE (In years last birthday) 31 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|-------------|------------------------|--|--------------------------|------------------------------------|------------------------|-----------------------------|

|  |   |   |                                  |
|--|---|---|----------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER | 10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN | 11. BIRTHPLACE (City and State or Foreign Country) JAMES CITY, PENNSYLVANIA | 12. CITIZEN OF WHAT COUNTRY? USA |
|--|---|---|----------------------------------|

|                                    |  |  |
|------------------------------------|--|--|
| 13a. FATHER'S NAME HARRY L. WILSON | 13b. MOTHER'S MAIDEN NAME PEARL KINYON | 14. NAME OF HUSBAND OR WIFE DOROTHY WILSON |
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|   |                                     |  |         |
|---|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII | 16. SOCIAL SECURITY NO. 499-12-2682 | 17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, MO. | ADDRESS |
|---|-------------------------------------|--|---------|

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|---|---|--|---|
| 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>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH 10 YEARS |
|---|---|--|---|

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 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) VA m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4013 |
|---|--|---------------------------------|

22. I hereby certify that I attended the deceased from 6-26-1954, to 6-26, 19 54, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

|   |                                  |                          |
|---|----------------------------------|--------------------------|
| 23a. SIGNATURE Robert A. Dolsy (Degree or title) M.D. | 23b. ADDRESS VAH, ST. LOUIS, MO. | 23c. DATE SIGNED 6-26-54 |
|---|----------------------------------|--------------------------|

|  |                   |  |   |
|--|-------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/29/54 | 24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kirkwood, Mo. |
|--|-------------------|--|---|

|                                      |                                     |  |         |
|--------------------------------------|-------------------------------------|--|---------|
| DATE REC'D BY LOCAL REG. JUN 28 1954 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo. | ADDRESS |
|--------------------------------------|-------------------------------------|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ex-  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Richard Bopp*

Licensed Embalmer No. *45*

P. O. Address *Balwin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(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.