

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42962**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10921**

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 township) OR TOWN <b>ST. LOUIS</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>2079 7 4178 Euclid Ave., 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>KATHERINE</b> b. (Middle) <b>M.</b> c. (Last) <b>WILSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>NOVEMBER 29 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 4th, 1878</b>	
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo., 0</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Geo N. Hartja</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Dumhoff</b>	
14. NAME OF HUSBAND OR WIFE <b>Wm Sidney Wilson</b>		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. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wm. Sidney Wilson</b> ADDRESS <b>4178 Euclid Ave.,</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Pancreas</b>  ANTECEDENT CAUSES Morbid 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 checked="" 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>157X</b>		22. I hereby certify that I attended the deceased from <b>11-16-54</b> , 19____, to <b>11-29-54</b> , 19____, that I last saw the deceased alive on <b>11-29-54</b> , 19____, and that death occurred at <b>11:55A.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Paul R. Ware M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>11-30-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>12/2/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.,</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner Und. Co.</b> ADDRESS <b>2223 St. Louis Ave.,</b>	
DATE REC'D BY LOCAL REG. <b>NOV 30 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	

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 *Stanley H. Dixon*.....

Licensed Embalmer No. *41*.....

P. O. Address *St. L.*.....

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.