

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6620
Registrar's No. 1421

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY 3
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
OR TOWN ST LOUIS
c. CITY OR TOWN ST LOUIS
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION PRONOUNCED DEAD CITY HOSP 229
e. STREET ADDRESS (If rural, give location) 921 CHOUTEAU

3. NAME OF DECEASED a. (First) ANNA b. (Middle) WILSON c. (Last) WILSON
(Type or Print)
4. DATE OF DEATH (Month) (Day) (Year) FEB 12 1955

5. SEX 1 FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW
8. DATE OF BIRTH DEC 22-1881
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) MARKONE ARK
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME WILL B. SOLEY
13b. MOTHER'S, MAIDEN NAME. MATTIE FARMER
14. NAME OF HUSBAND OR WIFE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Harding 2331 Mullany

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thromboses
INTERVAL BETWEEN ONSET AND DEATH
*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) _____
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 NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
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)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? 4201

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 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick C. Taylor, Coronator
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 2-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE FEB-17-55
24c. NAME OF CEMETERY OR CREMATORY SALVARY
24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REG. FEB 15 1955
REGISTRAR'S SIGNATURE Carl Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4386 Sundell
mss (Licensed Embalmer's Statement on Reverse Side)

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 *Gene A. Suter*.....

Licensed Embalmer No. *49*.....

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.