

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10384
2920
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.	
1. PLACE OF DEATH a. COUNTY			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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5071 Pernod Ave.			e. STREET ADDRESS (If rural, give location) 7 5071 Pernod Ave. 2079		
3. NAME OF DECEASED (Type or Print)		a. (First) JESSIE	b. (Middle) A.	c. (Last) WILCOX	4. DATE OF DEATH (Month) (Day) (Year) Mar. 30 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 26, 1872	9. AGE (In years last birthday) 82 If UNDER 1 YEAR: Months Days If UNDER 1000: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Huntington, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Holland		13b. MOTHER'S MAIDEN NAME Delia Nash		14. NAME OF HUSBAND OR WIFE Walter W. Wilcox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter W. Wilcox 5071 Pernod Ave.	
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocardial Insufficiency</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u> <u>5 years</u> <u>5 years</u>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332 X</u>	
22. I hereby certify that I attended the deceased from <u>Dec 19 1950</u> , to <u>March 30, 1955</u> , that I last saw the deceased alive on <u>March 29, 1955</u> , and that death occurred at <u>9:00 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Francis J. Weibel M.D.</u>			23b. ADDRESS <u>5203 Chippewa St.</u>		23c. DATE SIGNED <u>March 31, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Rail)</u>		24b. DATE <u>Apr. 1, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellington, Ohio</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>			
DATE REC'D BY LOCAL REG. MAR 31 1955		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> S.A. (Licensed Embalmer's Statement on Reverse Side)			

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

5701 E. 17th Ave. Denver, Colorado
 5701 E. 17th Ave. Denver, Colorado

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 *Edwin A. M. Bennett*.....
 Licensed Embalmer No. 3024

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.