FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17226

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1136

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (In this place): 1&1/2yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 102 N. Taylor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 69
d. STREET ADDRESS (If rural, give location): 102 N. Taylor rd

3. NAME OF DECEASED (Type or Print)
a. (First): Rebecca
b. (Middle): Rairdon
c. (Last): Wilce

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1955

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child
8. DATE OF BIRTH: July 19, 1951
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Toledo, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Wilce
13b. MOTHER'S MAIDEN NAME: Phyllis Rairdon
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: James M. Wilce-102 N. Taylor

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 14 mos

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: 2044
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1954, *to* May, 1955, *that I last saw the deceased alive on* May 19, 1955, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herman C. Ross MD
23b. ADDRESS: 1695 Brentwood Blvd
23c. DATE SIGNED: 5-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/22/55
24c. NAME OF CEMETERY OR CREMATORY: [redacted]WOODLAWN Cemetery
24d. LOCATION (City, town, or county) (State): Toledo, Ohio.

DATE REC'D BY LOCAL REG.: 5/20/55
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Meyer-Pfitzinger, Kirkwood 22, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed William H. [illegible]

Signed.....
Student Embalmer

Licensed Embalmer No. 4316

P. O. Address Richmond, [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.