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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24580  
6159

FILED AUG 2 - 1955

State File 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 <b>Mo.</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>11 Days</b>	c. CITY OR TOWN <b>Montgomery City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <b>No street address</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARA</b> b. (Middle) <b>GENEVIEVE</b> c. (Last) <b>WILSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-16-1955</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-2-1890</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John Peckington</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Charles L Wilson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chas. L Wilson Montgomery City Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vasomotor Accident</b>		DUE TO (b) <b>Myocardial Infarction</b>			<b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			<b>2 weeks</b>	
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?		

22. I hereby certify that I attended the deceased from **7-2-**, 19<sup>55</sup>, to **7-16-**, 19<sup>55</sup>, that I last saw the deceased alive on **7-16-**, 19<sup>55</sup>, and that death occurred at **8:00** p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H W Noller M.D.</b>		23b. ADDRESS <b>0 3720 Washington</b>		23c. DATE SIGNED <b>7-17-55</b>	
24a. BURIAL: CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-19-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>	

DATE REC'D BY LOCAL REG. <b>JUL 18 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McParker-Adriek 7 Home Webster Groves Mo.</b>	
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(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 *Wille B. Tholwitten*

Licensed Embalmer No. *3690*

P. O. Address *154 Locke*

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.