

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24934

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>1743</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Olivette</u>)		c. LENGTH OF STAY (in this place) <u>4 years</u>		c. CITY OR TOWN <u>Olivette</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonhomme Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>9564 Old Bonhomme Road</u>			
3. NAME OF DECEASED (Type or Print) <u>WALLACE</u>		a. (First)		b. (Middle) <u>VAIL</u>		c. (Last) <u>WILSON.</u>	
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>28,</u>		(Year) <u>1955.</u>	
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Nov 1, 1869</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired 30 yrs.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Credit Mngr Central Shoe Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John Clay Wilson.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Dulaney.</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth C. Wilson.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L. C. Pfaff, #40 Loren Woods.</u>				ADDRESS			
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) <u>Cardiac decompensation + failure</u>		ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u>				<u>3 day</u>	
*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)				<u>10 yrs.</u>	
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 <u>1940</u> , 19 <u>55</u> , to <u>July</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 27, 1955</u> , and that death occurred at <u>11:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leed Kramer M.D.</u>				23b. ADDRESS <u>4161 Lindell</u>		23c. DATE SIGNED <u>7-29-55</u>	
24a. DATE 7/30/55.		24b. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>		24c. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>7/29/55</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donker, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

5
130
P. O. Address

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 *Clarena H. Mu*.....

Licensed Embalmer No. *40*

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.