No. 300
10.48

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

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31682

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7846

1. PLACE OF DEATH
a. COUNTY ✓
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 18 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEACONESS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 57 WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 441 GREELEY AVE

3. NAME OF DECEASED (Type or Print): a. (First) FRANCES b. (Middle) E c. (Last) WILSON
4. DATE OF DEATH (Month) (Day) (Year): SEPT. 6 1955
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAR. 5, 1865
9. AGE (In years last birthday): 90 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Dublin Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Wm. Cathro
13b. MOTHER'S MAIDEN NAME: Elizabeth Ashleford
14. NAME OF HUSBAND OR WIFE: Wm. Richard Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs A.E. Bruce — ADDRESS: 441 Greeley ave W.G.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovas Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture Left Hip — 18 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (OK PCT)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4-19-30
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify): 8/19/55
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) 135 (COUNTY) (STATE): Webster Groves - St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8/19/55 11 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell on floor

22. *I hereby certify that I attended the deceased from* 8/19, 1955, *to* 9/6, 1955, *that I last saw the deceased alive on* 9/6, 1955, *and that death occurred at* 12:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Brand (Degree or title) MD
23b. ADDRESS: Webster Groves 19 Mo
23c. DATE SIGNED: 9/6/55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL VIA RAIL
24b. DATE: 9-7-55
24c. NAME OF CEMETERY OR CREMATORY: FOREST LAWN
24d. LOCATION (City, town, or county) (State): OMAHA NEBR.

DATE REC'D BY LOCAL REG.: SEP 7 1955
REGISTRAR'S SIGNATURE: J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: MITTELBERG FUNERAL HOME — ADDRESS: ~~73 W. LOCKWOOD AVE~~ WEBSTER GROVES, MO.
MLB (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 _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St Louis Mo

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

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