

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35296**  
Registrar's No. **9066**

FILED OCT 24 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>26 1413a Benton Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1413a Benton Street</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lena</b>	b. (Middle) <b>E</b>	c. (Last) <b>Wilson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 17 1955</b>
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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>May 5 1919</b>	9. AGE (In years last birthday) <b>36</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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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	11. BIRTHPLACE (City and State or Foreign Country) <b>Sesser, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>Everette Niblett</b>	13b. MOTHER'S MAIDEN NAME <b>Dora Williams</b>	14. NAME OF HUSBAND OR WIFE <b>Charles Wilson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME <b>Charles Wilson, 1413a Benton Street</b>	ADDRESS <b>1413a Benton Street</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized carcinomatosis</b>		<b>87 mo</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anaplastic Ca of Cervix</b> <b>Anaplastic Cancer of Cervix</b> DUE TO (c) <b>Cerebral metastasis</b> <b>Cerebral metastasis</b>		<b>17 mo</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>48 hrs</b>

19a. DATE OF OPERATION <b>4/1/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Ca of cervix. (Cancer of Cervix)</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>171 X</b>
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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?
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22. I hereby certify that I attended the deceased from **6/2/55**, 19\_\_\_, to **10/16/55**, 19\_\_\_, that I last saw the deceased alive on **10/16/55**, 19\_\_\_, and that death occurred at **8:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Anthony V. B. ...</b>	23b. ADDRESS <b>3731 Goodfellow Blvd</b>	23c. DATE SIGNED <b>10/17/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal Motor</b>	24b. DATE <b>Oct 20 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Christopher, Illinois</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>OCT 18 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwider F.H. Inc., 1936 St. Louis Av,</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10-17-55

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 None  
Signature of Student Embalmer

Signed Delis J. Kraspin  
Licensed Embalmer No. 34

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.