

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14986

State File No. 3690

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3690**

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. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED a. (First) <b>Scott</b>		c. (Last) <b>Wilson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 11 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cal.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan. 21, 1904</b>		9. AGE (In years last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>2</b> Day <b>20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lackhaute</b>		11. BIRTHPLACE (City or State or Foreign Country) <b>England, Ark.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Lillian A. Wilson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>497-07-2299</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Lillian A. Wilson</b>		ADDRESS <b>5143 Muffett Lane</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca of Rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b> <b>operated 10/9/50</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 _____		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) <b>154x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <b>1-4</b> , 19 <b>56</b> , to <b>4-11</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>4-11</b> , 19 <b>56</b> , and that death occurred at <b>10:48m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>JRS. M. Whitlow</b> (Degree or title) _____		23b. ADDRESS <b>916 A-N. Taylor</b>		23c. DATE SIGNED <b>4-13-56</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>4-16-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Koonce</b>		ADDRESS <b>1221 W. Grand</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 14 1956 G. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. B. Koonce 1221 W. Grand</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *William Blackburn*.....

Licensed Embalmer No. *39*.....

P. O. Address *1221 N. 1st*.....

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.