

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29290**
Registrar's No. **6791**

FILED AUG 24 1956

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis	c. LENGTH OF STAY (In this place) None	c. CITY OR TOWN ST. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home. 3103 Bell		e. STREET ADDRESS (If rural, give location) 21 3103^A Bell	

3. NAME OF DECEASED (Type or Print) a. (First) Matilda b. (Middle) _____ c. (Last) Watson		4. DATE OF DEATH (Month) (Day) (Year) July 17 56	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 1, 1895
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) Winterville, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME William Wilson	13b. MOTHER'S MAIDEN NAME Martha Wilson
14. NAME OF HUSBAND OR WIFE Hopie Watson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Paul S. Wilson		ADDRESS 3103^A Bell	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 6 HD
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 443x	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)	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 **6/7** ¹⁹⁵⁶, to **7/17**, 19**56**, that I last saw the deceased alive on **7/17**, 19**56**, and that death occurred at **2** m., from the causes and on the date stated above.

23a. SIGNATURE Paul S. Wilson	(Degree or title) MD	23b. ADDRESS 3146 Laclede	23c. DATE SIGNED 7/19/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/23/56	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) ST. Louis, Mo
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DATE REC'D BY LOCAL REG. III 20 1956	REGISTRAR'S SIGNATURE Paul S. Wilson	25. FUNERAL DIRECTOR'S SIGNATURE Price Benevolent Order of Grand Washington	ADDRESS 2829
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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 *Wallace R. Williams*

Licensed Embalmer No. *4920*
4554 Lexington
P. O. Address.....

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.