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REG.#17648 SL#-10570

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29341
STATE FILE NUMBER

FILED SEP 7 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7387

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N.Grand,St.Louis,Mo. Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VA Hospital Length of stay in 1b: 28 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Lemay 4000 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS: 386 Kingston Dr., (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: Last: Wilson
4. DATE OF DEATH Month Day Year: 8-9-56
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 2-19-73
9. AGE (In years last birthday): 83 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): Retired Serviceman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cardiff, Whales
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Salvatore Wilson
14. MOTHER'S MAIDEN NAME: Elizabeth Moushman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): SPAW
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: VA Hosp.Records,915 N.Grand,St.Louis,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Genralized arteriosclerosis. Pulmonary emphysema. 420.0
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-12-56 to 8-9-56 and last saw him alive on 8-9-56
Death occurred at 11:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Sylvestre A. Flotte (Degree or title): M.D.
22b. ADDRESS: VAH, 915 N.Grand,St.Louis,Mo.
22c. DATE SIGNED: 8-10-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug.13,1956
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: C. Hoffmeister U. & L. Co.
ADDRESS: 7814 So. Broadway St. Louis, Mo.
25. DATE RECD. BY LOCAL REG.: AUG 10 1956
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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