V.S. No. 300
Rev. 10.48

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15477

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3702

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

1. PLACE OF DEATH
a. COUNTY: Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 38 Inroute to Home B Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
d. STREET ADDRESS (If rural, give location): 92170 3035 Lawton

3. NAME OF DECEASED (Type or Print)
a. (First): Alister
b. (Middle): (LESLIE)
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): 4-16-57

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: April 2 1956
9. AGE (In years last birthday): 1
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): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (City and State or Foreign Country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Wilson Jr.
13b. MOTHER'S MAIDEN NAME: Clarah Rodgers
14. NAME OF HUSBAND OR WIFE: Child

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Clarah Wilson 3035 Lawton ave
ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hydrocephalus

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.
344.1

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 430A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Quinn Deprat Torsi
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 4/17/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 18 57
24c. NAME OF CEMETERY OR CREMATORY: Booker Washington
24d. LOCATION (City, town, or county) (State): East St Louis Ill

DATE REC'D BY LOCAL REG.: APR 18 '57
REGISTRAR'S SIGNATURE: J Carl Smith MD MDS
25. FUNERAL DIRECTOR'S SIGNATURE: A. H. Burks
ADDRESS: 3506 Franklin

(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 Leroy U. Bannister

Licensed Embalmer No. 4523

P. O. Address 2616 Garrison ave

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