

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1957

19462
State File No. _____
4644
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4644	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Illinois COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY OR TOWN Belleville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloze Hospital				e. STREET ADDRESS (If rural, give location) 32 211a N. 12th. St. 81208			
3. NAME OF DECEASED (Type or Print)		a. (First) Ernest		b. (Middle) William		c. (Last) Wilson	
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9/20/1904	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Stock Yards		11. BIRTHPLACE (City and State or Foreign Country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles L. Wilson			13b. MOTHER'S MAIDEN NAME Nora Brown			14. NAME OF HUSBAND OR WIFE Dorothy Wilson	
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. 327-03-0886		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Wilson Belleville, Ill.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus, post mortem				ANTECEDENT CAUSES DUE TO (b) None and age, suffered an accident on Route # 13, near Belleville, Illinois about 4:15 pm, April 23, 1957.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19b. MAJOR FINDINGS OF OPERATION Cause and manner of death could not be determined.			
19a. DATE OF OPERATION		19c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Belleville Ill					
21a. ACCIDENT SOURCE (Specify) Verdict		21b. PLACE OF INJURY (e.g., home about home, farm, factory, street, office, etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Belleville Ill		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 4 23 57 70	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 812					
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 9:25 m., from the causes and on the date stated above.							
23a. SIGNATURE Patrick J. Taylor Carver				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-16-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-15-57		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) Belleville, Ill.	
DATE REC'D BY LOCAL REG. MAY 16 57		REGISTRAR'S SIGNATURE Carl Smith Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gaerdner, Belleville, Ill.			

(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..... *Horner W. Dutz*

Licensed Embalmer No. *388*

P. O. Address *St. Louis*

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.