

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3794**
Registrar's No. **371**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 38 St. Louis City Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) C. c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug. 26, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursery Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Nursery	9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months 4 Days 16 IF UNDER 1 WEEK: Hours Min.
11a. BIRTHPLACE (City and State or Foreign Country) / Steeleville, Ill.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles Wilson	13b. MOTHER'S MAIDEN NAME Alvina Begemann	14. NAME OF HUSBAND OR WIFE Divorced
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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. 493-01-3773	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Zeinert, 7246 Pershing, U. City, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter on one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		1 mo
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardiac failure	
		DUE TO (c) myocarditis	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) 3 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (e) Ulcer of stomach	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 293x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) noon	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 **Jan 28 1954** to **Dec 6 1957**, that I last saw the deceased alive on **Jan 27 1958** and that death occurred at **8:14** a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Cletcher MD	(Degree or title)	23b. ADDRESS 906 Carlton Bldg	23c. DATE SIGNED 1-13-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Motor)	24b. DATE 1/14/58	24c. NAME OF CEMETERY OR CREMATORY Steeleville Mausoleum	24d. LOCATION (City, town, or county) (State) Steeleville, Ill.
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DATE REC'D BY LOCAL REG. JAN 13 '58	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Cletcher MD	ADDRESS St. Louis, Mo
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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 *Francis J. Myland Jr.*.....

Licensed Embalmer No. *4512*.....

P. O. Address *Highwood*.....

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.