

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

3796

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **356**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Alexian Bros.</b>		Length of stay in lb <b>7 Wks.</b>	STREET ADDRESS <b>219 6610 Pennsylvania</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JOHN HENRY WILSON</b>			4. DATE OF DEATH Month Day Year <b>Jan. 9 1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 13, 1889</b>	9. AGE (In years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Crystal City Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>Lewis Wilson</b>		
14. MOTHER'S MAIDEN NAME <b>Cora Jane Russell</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. WAR #1</b>		
16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT Address <b>Anna M. Wilson 6610 Pennsylvania</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute cardiac failure</b> <b>Chronic arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic arteriosclerotic heart disease</b> DUE TO (c) <b>Chronic arteriosclerotic heart disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>about 2 weeks</b> <b>several years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>420.0</b>		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION			20f. COUNTY		
20g. STATE			20h. STATE		
21. I attended the deceased from <b>Nov. 16-1957</b> to <b>Jan 9-58</b> and last saw her alive on <b>1/9/58</b> Death occurred at <b>2:45 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Wm. Weinberg</b>			22b. ADDRESS <b>3606 Gravois</b>		22c. DATE SIGNED <b>1/11/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<b>Removal</b>		<b>1/13/58</b>	<b>Mt. Olive Cem.</b>		<b>Lemay 23 Mo.</b>
24. FUNERAL DIRECTOR <b>Fendler Und. Co. 7420 Michigan</b>			25. DATE RECD. BY LOCAL REG. <b>JAN 13 '58</b>		26. REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Wainberg  
3606 Avenue  
3: P.M.

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 *W. G. Peterson*  
Licensed Embalmer No. 37

P. O. Address *7/20 Mi*

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.