

SL-3959 FILED MAR 5 - 1958 STANDARD CERTIFICATE OF DEATH  
 XC-1 485 294

58-007978

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2058

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN DE SOTO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 715 N. GRAND AVE.		Length of stay in 1b 15 DAYS	d. STREET ADDRESS R.R. #2 (If outside, give location) 29
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE E. WILSON		4. DATE OF DEATH Month Day Year 2/19/58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4/30/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) DESOTO, MISSOURI
13a. FATHER'S NAME GEORGE H. WILSON		13b. MOTHER'S MAIDEN NAME MELISSA HUSKEY	14. NAME OF HUSBAND OR WIFE ETHEL A. WILSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. 702-18-6182	17. INFORMANT Address VAH, 915 N. GRAND AVE., ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL FAILURE, ACUTE DUE TO (b) PERIPHERAL VASCULAR COLLAPSE DUE TO (c) ACUTE CHOLECYSTITIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CHOLETITHOSIS: ARTERIOSCLEROSIS HEAR DISEASE 584x			INTERVAL BETWEEN ONSET AND DEATH 48 HOURS 48 HOURS 6 DAYS
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 2/4/58 to 2/19/58 and last saw him alive on 2/19/58 Death occurred at 8:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) H. Westphalinger M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 2/19/58
23a. BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 2/22/58	23c. NAME OF CEMETERY OR CREMATORY W. D. WOODLAWN	23d. LOCATION (City, town, or county) (State) DE SOTO MO.
24. FUNERAL DIRECTOR J. LEE MOTHERSHEAD DE SOTO, MO.		25. DATE RECD. BY LOCAL REG. FEB 21 58	26. REGISTRAR'S SIGNATURE Carl Smith M.D. mgs

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no diseases in Part I must be causally related.

MAR 5 1958

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 *Andrew H. England*

Licensed Embalmer No. *4745*  
P. O. Address *Delato, M*

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.