

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3643**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 49			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Lemay		76 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION 386 Kingston Drive /				d. STREET ADDRESS (If rural, give location) 386 Kingston Drive					
3. NAME OF DECEASED (Type or Print) a. (First) Ellen			b. (Middle) -----			c. (Last) Wilson			
4. DATE OF DEATH (Month) (Day) (Year) January 6 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH Nov. 2, 1876		9. AGE (In years last birthday) 72		10. YEARS (Days) (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) Ireland			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME John G ettins			
13b. MOTHER'S MAIDEN NAME Unknown Carrigan		14. NAME OF HUSBAND OR WIFE James		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none			
17. INFORMANT'S SIGNATURE OR NAME James Wilson		ADDRESS 386 Kingston Drive							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) repeated cerebral hemorrhages 4 years DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 9 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 23 x 830				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from Jan 1, 1946 , to Jan 6, 1949 , that I last saw the deceased alive on Jan 5, 1949 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) P. M. Peters M.D.				23b. ADDRESS 4145 54th		23c. DATE SIGNED Jan 7/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY National Cem. Jeff. Bks. Mo.		24d. LOCATION (City, town, or county) (State) Jefferson Bks. Mo.			
DATE REC'D BY LOCAL REG. 1-8-48		REGISTRAR'S SIGNATURE Shirley L. Linger M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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 _____

Harry J. Schumacher

Licensed Embalmer No. _____

2674

P. O. Address _____

7814 E. Broode

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.