

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6832
1272
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) (1)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	17 19
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine Heitkamp Hosp.		d. STREET ADDRESS (If rural, give location) Sheraton Hotel - 3701 Lindell	

3. NAME OF DECEASED (Type or Print) Alice Wilson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1949		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Unk. Unk. 1869	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months Days Hours Min. unk. unk.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	

13a. FATHER'S NAME John Brady		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Charles 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John J. Henschke, 432 E. Big Ben Road	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		DUPLICATE		2 Days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death) Infermites		50 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		78 years	

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 25, 1949 to 2/18, 1949, that I last saw the deceased alive on 2/8, 1949, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George S. Melan MD		23b. ADDRESS 3903 Olive		23c. DATE SIGNED 2/19/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. FEB 9 1949		REGISTRAR'S SIGNATURE J. B. Laster		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Honeysy	
				ADDRESS 40 Lindell Blvd.	

JUL 11 1937

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

Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.