

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14303

State File No.

BIRTH NO. 49-025988 REG. DIST. NO. E00L PRIMARY REG. DIST. NO. 81E Registrar's No. 3887

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2325 CARR ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u> b. (Middle) <u>WILSON</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 16 49</u>
5. SEX <u>male 2</u>	6. COLOR OR RACE <u>negro</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>APRIL 15 49</u>
9. AGE (In years last birthday) <u>16</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>40</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MATERNITY HOSPITAL</u>
12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>JOE WILSON</u>	13b. MOTHER'S MAIDEN NAME <u>MATTIE BELL MERRY</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>630 S. Kingshighway</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intra-cranial hemorrhage</u> DUE TO (c) <u>Congenital atelectasis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>?? Dues. Serology in morbid.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>139</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7605</u>
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22. I hereby certify that I attended the deceased from Apr 15, 1949, to Apr 16, 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Wooley, M.D.</u> (Degree or title) <u>U</u>	23b. ADDRESS <u>630 S. Kingshighway</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>APR 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anderson</u>	24d. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REG. <u>APR 30 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland - 4104 Manchester</u> ADDRESS
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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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.