

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

39450

10059

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10059	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 916			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) N.A. 538 Warder Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) Virginia c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1949				
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 2, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Richmond, Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Claiborne Fulks		13b. MOTHER'S MAIDEN NAME Ann Stratton		14. NAME OF HUSBAND OR WIFE George F 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George F Wilson 538 Warder Ave			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right pneumonectomy					INTERVAL BETWEEN ONSET AND DEATH 1 yr ? 9 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION, . Tuberculosis of right upper lobe				20. AUTOPSY? YES <input checked="" 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) 15			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? A 2 2 X			
22. I hereby certify that I attended the deceased from Nov. 8, 1949 , to Nov. 20, 1949 , that I last saw the deceased alive on Nov. 20, 1949 , and that death occurred at 2:10 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. B. Bradley (Degree or title) M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 11/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24b. DATE 22 Nov 1949	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REG. NOV 22 1949		REGISTRAR'S SIGNATURE J. B. Bradley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C R LUPTON & SONS 7233 DELMAR BLV'D			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence H. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 4011

P. O. Address H. Lewis, Mo

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.