

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 26 1950

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **302**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (In this place) **18 days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Children's Hosp**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Illinois** b. COUNTY **Alexander**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Tamms** **8120**
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED
 a. (First) **Brenda** b. (Middle) **Sue** c. (Last) **Wilson**
 4. DATE OF DEATH (Month) (Day) (Year) **Jan 10 1950**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**
 8. DATE OF BIRTH **Dec 13, 1949** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **20**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Child**
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) **Tamms Illinois**
 12. CITIZEN OF WHAT COUNTRY? **Amer**

13a. FATHER'S NAME **James B Wilson** 13b. MOTHER'S MAIDEN NAME **Opal Grant** 14. NAME OF HUSBAND OR WIFE **None**

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 **James Wilson, Tamms, Ill.** ADDRESS _____

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Congenital Heart Disease**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **congestive heart failure**
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **7544**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-23**, 19**49**, to **1-10**, 19**50**, that I last saw the deceased alive on **1-10**, 19**50**, and that death occurred at **2:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **W. G. Klingberg** (Degree or title) **MD** 23b. ADDRESS **500 S. Kingshighway** 23c. DATE SIGNED **1-10-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **1-11-50** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **Pulaski, Ill.**

DATE REC'D BY LOCAL REG. **JAN 11 1950** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington Blvd.**

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.

Student
Student Embalmer

Signed

Blair D. Padwell

Licensed Embalmer No. 4077

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.