

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11289**
2969

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN ST. Louis	c. LENGTH OF STAY (in this place) (township) 25 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION In Route Homer G Phillips		d. STREET ADDRESS (If rural, give location) 21 - 48 north 21st Street	
3. NAME OF DECEASED (Type or Print) a. (First) Malissia b. (Middle) Wilson c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) 3-26th 1950
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-13-1889
9. AGE (in years last birthday) 60	IF UNDER 1 YEAR Months II Days 13	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Sam Smith	13b. MOTHER'S MAIDEN NAME Grace Unknown	14. NAME OF HUSBAND OR WIFE Latnier 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 Sam Doulo	ADDRESS 2303. A. Walnut St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion		
	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 <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) H 201
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **140 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter H. Houston	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3/28/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-1st, -50	24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery
24d. LOCATION (City, town, or county) (State) ST. Louis, Mo	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur H. Houston 2829, Washington Blvd	

DATE REC'D BY LOCAL REG.
APR 20 1950

REGISTRAR'S SIGNATURE
J. B. Sasata

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

STATEMENT BY LICENSED EMBALMER

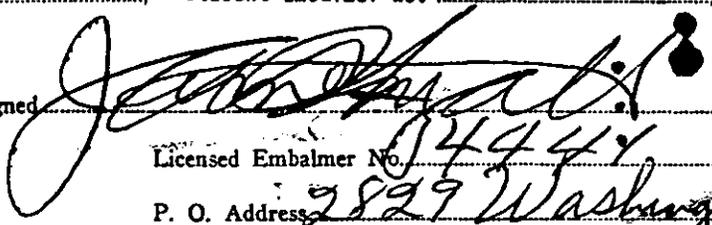
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 54444

P. O. Address 2829 Washington

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.