

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15340

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4464** Registrar's No. **1173**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. CITY (If outside corporate limits, write RURAL and give township) Overland	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 2472 Ashland Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2472 Ashland Ave.			

3. NAME OF DECEASED (Type or Print)	a. (First) Ansell	b. (Middle) - E -	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year)	5 7 1950
-------------------------------------	--------------------------	--------------------------	-------------------------	---------------------------------------	-------------------------------

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 25, 1890	9. AGE (in years last birthday) 59	# UNDER 1 YEAR Months 0	# UNDER 2 HRS. Hours 0 Min. 0
--------------------	-------------------------------	---	---------------------------------------	---	--------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY Typesetting	11. BIRTHPLACE (State or foreign country) Harwood, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Ambrose Wilson	13b. MOTHER'S MAIDEN NAME Adele Moore	14. NAME OF HUSBAND OR WIFE Gladys 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. 488-05-8037	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Wilson - 2472 Ashland	ADDRESS 2472 Ashland
--	--	--	-----------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio renal syndrome		INTERVAL BETWEEN ONSET AND DEATH Months years of 42X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		
	DUE TO (c) Dependent edema		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dependent edema			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) None	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 **21 Feb 1950**, to **4 May 1950**, that I last saw the deceased alive on **4 May 1950**, and that death occurred at **3¹⁵-a** m., from the causes and on the date stated above.

23a. SIGNATURE Paul R. Whiteman M.D. (Degree or title)	23b. ADDRESS 8923 Midland, St. Louis, Mo.	23c. DATE SIGNED 5 May 50
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/8/50	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. MAY 6 1950	REGISTRAR'S SIGNATURE Hubert P. ...	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd.
--	--	---	---------------------------------

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

MAY 23 1957

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 Warren A. Carver

Licensed Embalmer No. 3534

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.