

FILED JUN 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22398BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1431

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COULTERVILLE <u>8120</u>	
c. LENGTH OF STAY (in this place) 3 das.		d. STREET ADDRESS (If rural, give location) _____ <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) A c. (Last) WILSON			4. DATE OF DEATH (Month) (Day) (Year) 6/8/50
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1/6/94
9. AGE (In years last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) COULTERVILLE, ILL.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ANDREW WILSON		13b. MOTHER'S MAIDEN NAME MARY E. McCAULEY	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) YES WW I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LYMPHATIC LEUKEMIA, SUBACUTE	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 6 MO.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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 <u>204.0</u>	
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)		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 <u>6/5/</u> <u>1950</u>, to <u>6/8/</u> <u>1950</u>, and that on the date stated above that death occurred at <u>3:30 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L. E. Stilwell M.D.</u>		23b. ADDRESS V.A. HOSPITAL, JEFF BRKS., MO.	23c. DATE SIGNED <u>6-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>6-11-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Swanwick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Swanwick</u> <u>Ill.</u>	
DATE REC'D BY LOCAL REG. JUN 9 1950		REGISTRAR'S SIGNATURE <u>Robert P. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>ROWLAND MORTUARY SERVICES,</u>		ADDRESS <u>1104 Manchester, St. Louis, Mo.</u>	

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3917

P. O. Address St. Louis

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.