

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35476**
Registrar's No. **8309**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1718 N. 10th St		d. STREET ADDRESS (If rural, give location) 1718 N. 10th St.	

3. NAME OF DECEASED (Type or Print) SON	a. (First)	b. (Middle)	c. (Last) WILSON	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 1950
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unmarried	8. DATE OF BIRTH Mar 9, 1904	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Hours 20
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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) Fayette Ala.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Essie Kaine	14. NAME OF HUSBAND OR WIFE
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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. 308-20-8104	17. INFORMANT'S SIGNATURE OR NAME Drusilla Norris	ADDRESS 1718 N. 10th 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? the H90X
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22: I hereby certify that I attended the deceased from **27 Sept 50** to **29 Sept 50**, that I last saw the deceased alive on **29 Sept, 1950**, and that death occurred at **12:20 pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. J. Beaton M.D.	(Degree or title)	23b. ADDRESS 2743 Franklin St	23c. DATE SIGNED 30th Sept
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/3/50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Fayette, Ala.
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DATE REC'D BY REG. 10-2-50	REGISTRAR'S SIGNATURE J. B. Luster	25. FUNERAL DIRECTOR'S SIGNATURE McClain and Pountney	ADDRESS 3005 Chouteau
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(Licensed Embalmer's Statement on Reverse Side)

3703 Chouteau

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

Leroy H. Bannister

Licensed Embalmer No.

4523

P. O. Address

3880 Ector Ave

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.