

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7137

State File No. ....

No. 300  
10.48

**FILED MAR 8 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 541

4000

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Lemay</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>St. Louis</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>87 TOWN Lemay</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I3I E. Loretta</u>		d. STREET ADDRESS (If rural, give location) <u>I3I E. Loretta</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>A.</u>	c. (Last) <u>WILSON SR</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>FEB. 27, 1951</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>April 21, 1879</u>	<b>9. AGE</b> (In years last birthday) <u>71</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Alabama</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
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<b>13a. FATHER'S NAME</b> <u>John Wilson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy (Unk)</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Elizabeth</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>415-09-7638A</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>James Wilson Jr., I3I E. Loretta, Lemay, 23</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 min</u>  <u>5 yrs.</u>  <u>12 yrs.</u>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>			
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Myocarditis</u>  DUE TO (c) <u>Atherosclerosis</u>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR</b>
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**22. I hereby certify that I attended the deceased from 2/24, 1951, to 2/27, 1951, that I last saw the deceased alive on 2/27, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Michael L. Bartmel M.D.</u>	<b>23b. ADDRESS</b> <u>7629 So. Broadway</u>	<b>23c. DATE SIGNED</b> <u>2/27/51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>March 2, 1951</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Hope Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>I200 Lemay Ferry Road</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>2-28-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>N Herbert R Donk M.D.</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>W. H. Horlmeister</u>	<b>ADDRESS</b> <u>814 S. Broadway, St. Louis, MO.</u>
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*RWA* Licensed Embalmer's Statement on Reverse Side

Time of death??

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 Levin C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.