

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18752**  
Registrar's No. **4938**

FILED JUN 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>City of St. Louis 223</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		STREET ADDRESS (If rural, give location) <b>23 1405 St George Ave</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNETTE</b>		b. (Middle) <b>VERN</b>	
		c. (Last) <b>WILSON</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 24 1951</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Dec 29, 1918</b>
9. AGE (In years last birthday) <b>32</b>		10. UNDER 1 YEAR (Months) (Days)	11. UNDER 1 HR. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BENTON, ILL</b>
		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Beatrice Little</b>	
		14. NAME OF HUSBAND OR WIFE <b>Wilson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
		17. INFORMANT'S SIGNATURE OR NAME <b>John Williams, 1238 Lafayette Avenue</b>	
		ADDRESS.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pelvic excoriation for advanced ca</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the cervix</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <b>6 p.o. day.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Marked spread of cancer involving pelvic vessels.</b>	
20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR <b>171X</b>	
22. I hereby certify that I attended the deceased from <b>3-23-51</b> , 19__, to <b>5-24-51</b> , 19__, that I last saw the deceased alive on <b>5-24-51</b> , 19__, and that death occurred at <b>6245A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James B. ... M.D.</b>		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
		23c. DATE SIGNED <b>5-24-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5-28-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Williams Chapel</b>		24d. LOCATION (City, town, or county) (State) <b>BENTON, ILL</b>	
DATE REC'D BY LOCAL REG. <b>MAY 28 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. ...</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bull-Campbell MORTUARY</b>	
		ADDRESS <b>4215 Lindell</b>	

**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 *Rex E. Campbell* .....

Licensed Embalmer No. *3881* .....

P. O. Address *St Louis, Mo* .....

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.