S. No. 300
v. 10.48

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18753

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5138

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2069
d. STREET ADDRESS (If rural, give location): 5032a Northland Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clinton
b. (Middle): R.
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): June 2 1951

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: July 29 1908
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman, Automatic
10b. KIND OF BUSINESS OR INDUSTRY: Firing Corp.
11. BIRTHPLACE (State or foreign country): Wellington Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William S. Wilson
13b. MOTHER'S MAIDEN NAME: Elizabeth Grote
14. NAME OF HUSBAND OR WIFE: Marie K. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-20-5251
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Marie Wilson, 5032a Northland Ave

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left hemothorax; Fr of ribs; suffered when auto driven by deceased left highway and went down embankment in attempting to avoid collision with car in opposite direction on Hwy 40 - 2/10 of a mile east of Wright City, Mo about 1140 am

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: June 2 1951 Accident 109
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wright City Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 2 51 A 1140 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 6 8224

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2200 m., from the causes and on the date stated above.* 52

23a. SIGNATURE (Degree or title): [signature] 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 6/4/51

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: 6/6/51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Lebanon
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: JUN 4 1951
REGISTRAR'S SIGNATURE: J. B. Rasater
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Drehmann-Harral, 1905 Union Blvd.

JUN 4 1951

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1951

Coroner

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.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed Albert R. Thompson Jr.

Licensed Embalmer No. 4297

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.