

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18755

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4550	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1				f. STREET ADDRESS (If rural, give location) 1816 A N. Prairie ave.			
3. NAME OF DECEASED (Type or Print) a. (First) NANNIE		b. (Middle) LEE		c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 21 1874		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Corydon Ind.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Martin Sams		13b. MOTHER'S MAIDEN NAME Lucinda Unknown		14. NAME OF HUSBAND OR WIFE John Wilson Deu'd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Wilson 1816 A N. Prairie 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiovascular Disease</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>HFX</i>			
22. I hereby certify that I attended the deceased from <u>3-20-51</u> , 19 <u>  </u> , to <u>5-14-51</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>5-14-51</u> , 19 <u>  </u> , and that death occurred at <u>6:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Robert C. Duncker M.D.</i>				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 5-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-16-51	24c. NAME OF CEMETERY OR CREMATORY Corydon Indiana		24d. LOCATION (City, town, or county) (State) Corydon Indiana		
DATE REC'D BY LOCAL REG. MAY 15 1951		REGISTRAR'S SIGNATURE <i>J. B. Frazier</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 N. Euclid			

(Licensed Embalmer's Statement on Reverse Side)

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.

Student .....  
Student Embalmer

Signed *Robert L. Brunkin*  
Student Embalmer No. \_\_\_\_\_  
Licensed Embalmer No. *3553*

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.