No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25514

FILED AUG 15 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7018

1. PLACE OF DEATH
a. COUNTY: O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
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): Missouri Pacific Hosp. Ass.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Louisiana
b. COUNTY: Ouachita
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sterlington 8170
d. STREET ADDRESS (If rural, give location): 9

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Guy
c. (Last): Wimbish

4. DATE OF DEATH (Month) (Day) (Year): August, 5, 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 30, 1902
9. AGE (In years last birthday): 48 — 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): Bridge Tender
10b. KIND OF BUSINESS OR INDUSTRY: Rail-road
11. BIRTHPLACE (State or foreign country): Laurel, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: William Wimbish Sr.
13b. MOTHER'S MAIDEN NAME: Cora Gann
14. NAME OF HUSBAND OR WIFE: Mildred
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mildred Wimbish, Sterlington, La.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lung Lymphoma

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: 1984
20. AUTOPSY? YES ☐ NO ☐

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 WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1951, *to* August 5, 1951, *that I last saw the deceased alive on* August 5, 1951, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Mer Pac Hosp
23c. DATE SIGNED: 8-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-6-51
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Oakridge, La.

DATE REC'D BY LOCAL REG.: AUG 6 1951
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

SEP 10 1954

SEP 8 1954

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 John J. Harvey

Licensed Embalmer No. 4108

P. O. Address.....

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.