

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1951

318

1003

State File No. 28864  
7316  
Registrar's No.

BIRTH NO. 75405-50		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> 0				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>6 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u> 2199		19 STREET ADDRESS (If rural, give location) <u>3707 Olive</u> 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hosp</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gloria</u>		b. (Middle)		c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 15 51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>11-28-50</u>	
9. AGE (In years last birthday) <u>8 1/2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Gideon, Mo</u> 0	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Hurlen Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Letha Farris</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hurlen Wilson 3707 Olive</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diarrhea, Dehydration, Anhydrosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Shigella flexner intermittently</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>					
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>045.2</u>			
22. I hereby certify that I attended the deceased from <u>7-28-51</u> to <u>8-15-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-15-51</u> , 19 <u>51</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. H. Hughes MD</u>				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo</u>	
DATE REC'D BY LOCAL (REG) <u>AUG 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith - M.D.</u>		25. FUNERAL HOME OR SERVICE <u>Howland Mortuary Service Inc.</u> 4104 Market Ave. <u>St. Louis 10, Mo.</u>			

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 Embalmer No.....

Signed.....

*John Ketter*

Signed.....

Student Embalmer

Licensed Embalmer No. 3880

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.