

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35773

State File No.

9580

FILED NOV 8 1951

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

1. PLACE OF DEATH a. COUNTY		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) OR TOWN <u>ST LOUIS</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	2189
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST LOUIS CITY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>18 4210 a BLAINE AVE</u>	

3. NAME OF DECEASED (Type or Print) <u>THOMAS TAYLOR WILSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 28 1951</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 13 1913</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 1 HR. Days <u>15</u>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>NEW YORK CITY N.Y.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>JOHN WILSON</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>CATHERINE WILSON (DECEASED)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Wilson</u>		ADDRESS <u>4210 a Blaine Ave</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	<u>Carcinoma of Prostate</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b)		<u>with metastasis to Bladder</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c)		<u>Pyelonephrosis</u>
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>177X</u>
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22. I hereby certify that I attended the deceased from _____, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:51 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. J. Robert Deputy Corr.</u>	23b. ADDRESS <u>31300 Clark</u>	23c. DATE SIGNED <u>10/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT 31 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>
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DATE REC'D BY LOCAL REG. <u>OCT 30 1951</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Robert L & U. Co</u>	ADDRESS <u>1905 & Grand Blvd.</u>
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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.....

..... Student Embalmer No.

.....
working under my personal supervision.

Student
Student Embalmer

Signed Ronald O Yahrke

Licensed Embalmer No. 3917

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.