

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3474

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. 0651	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Park Lane Hospital				d. STREET ADDRESS (If rural, give location) 4808a Delmar			
3. NAME OF DECEASED (Type or Print) a. (First) Robert			b. (Middle) Bruce		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 24, 1874		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Wholesale Hdwe.		11. BIRTHPLACE (State or foreign country) West Union, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Mort Wilson		13b. MOTHER'S MAIDEN NAME Miralda Bartlett		14. NAME OF HUSBAND OR WIFE Emma Guyer Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Wilson, 4808a Delmar			
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) Cerebral Hemorrhage 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 7 days	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 231X			
22. I hereby certify that I attended the deceased from 1-12-1952 to 1-19-1952 , that I last saw the deceased alive on 1-19-1952 , and that death occurred at 3:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Oliver B. Kane M.D.			23b. ADDRESS 706 Walton			23c. DATE SIGNED 1-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-22-52	24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo		
DATE SIGNED BY LOCAL REG. _____		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John J. Staines

Licensed Embalmer No. *4198*

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.