

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3475
0122

FILED JAN 26 1952

State File No. _____
Registrar's No. _____

BIRTH NO. 19385 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2029</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Anthony Hospital</u>		2. STREET ADDRESS (If rural, give location) <u>4970 Loughborough</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u> b. (Middle) c. (Last) <u>Wilson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>5</u>	8. DATE OF BIRTH <u>Mar. 18, 1951</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>10</u> Days	IF UNDER 24 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Charlene Geies</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you were war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Wilson</u>	ADDRESS <u>4970 Loughborough</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - trachea - bronchitis</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cleft palate - bone lip - 2 missing fingers each hand - 3 missing teeth each foot</u>			<u>10 weeks</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H7HX</u>
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22. I hereby certify that I attended the deceased from 3/18, 1951, to 1/4, 1952, that I last saw the deceased alive on 1/4, 1952, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter J. ...</u>	(Degree or title)	23b. ADDRESS <u>4617 W. ...</u>	23c. DATE SIGNED <u>1/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/7/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St Marcus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 7 1952</u>	REGISTRAR'S SIGNATURE <u>Walter J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.L. Ziegenhein & Sons</u>	ADDRESS <u>7027 Gravois</u>
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WRITE PLAINLY—USING UNFADING BLACK—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.....
Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.