

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22924

State File No. ....

**FILED JUN 21 1952**

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1529

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Normandy</b>	
c. LENGTH OF STAY (in this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>1328 Haley Ave</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>William</b> c. (Last) <b>WILSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 9 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>December 19 1858</b>
9. AGE (In years last birthday) <b>93</b>		# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Palmyra Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Robert Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Parish</b>	14. NAME OF HUSBAND OR WIFE <b>Date Jennie Wilson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James B. Wilson 1328 Haley Ave Normandy</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOULAR NEPHROSCLEROSIS</b> DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>THROMBOSIS OF MESENTERY BILATERAL MID-THIGH AMPUTATIONS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) <b>442X</b>
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?
22. I hereby certify that I attended the deceased from <b>6-8-1952</b> to <b>6-9-1952</b> , that I last saw the deceased alive on <b>6-9-1952</b> , and that death occurred at <b>8:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Hayne E. Roberts MD</b>		23b. ADDRESS <b>601 S. Brentwood Clayton 5, Mo.</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 10 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina, Mo. Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Shelbina Missouri</b>			
DATE REC'D BY LOCAL REG. <b>6-10-52</b>		REGISTRAR'S SIGNATURE <b>Nehbert R. Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F Feutz 4828 Nat Bridge Blvd</b>

500 (Licensed Embalmer's Statement on Reverse Side)

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 A. Mlinar*.....

Licensed Embalmer No. *4186*.....

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.