

FILED DEC 30 1952

STANDARD CERTIFICATE OF DEATH

43976

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3176

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton
 c. LENGTH OF STAY (in this place) DOA
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Michigan b. COUNTY Inghan
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mason 8210
 d. STREET ADDRESS (If rural, give location) 415 E. Elm F

3. NAME OF DECEASED (Type or Print)
 a. (First) Lila b. (Middle) K. c. (Last) Edwards
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 24, 1892 9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 60 IF UNDER 1 YEAR Days 60 IF UNDER 1 YEAR Hours 60 Min. 60

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY School 11. BIRTHPLACE (State or foreign country) Leslie, Michigan 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Wilcox 13b. MOTHER'S MAIDEN NAME Eva Tuckey 14. NAME OF HUSBAND OR WIFE Ralph

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. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Betty Ann Laux, 8626 Becker,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chest fractures and hemorrhage-suffered while she was driving an automobile with a house-trailer attached, of which she lost control and collided with a tractor-trailer
 ANTECEDENT CAUSES Medical Certification Allen Park, Michigan
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
 DUE TO (b) automobile with a house-trailer
 DUE TO (c) and collided with a tractor-trailer
 II. OTHER SIGNIFICANT CONDITIONS trailer
 Conditions contributing to the death but not related to the disease or condition causing death. E8161

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 400 26 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Pacific St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) 12/10/52 1:15 P.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Blunt impact

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ernest J. Willman (Degree or title) Coroner 23b. ADDRESS Clayton, Mo. 23c. DATE SIGNED 12/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 12-11-52 24c. NAME OF CEMETERY OR CREMATORY Woodlawn 24d. LOCATION (City, town, or county) (State) Leslie, Michigan

DATE REC'D BY LOCAL REG. 12-11-52 REGISTRAR'S SIGNATURE Hester R. Danks 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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

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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 S. Hennehy
Licensed Embalmer No. 4194
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.