

S. No. 200
v. No. 48

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 567

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louie</u> b. (Middle) <u>R.</u> c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1953</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 22, 1905</u>
9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>construction</u>	
11. BIRTHPLACE (City and State or Foreign Country) / <u>E. Cape Girardeau, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Janie Huddleston</u>	
14. NAME OF HUSBAND OR WIFE <u>Flor ence Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>345-03-2294</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Wilson Thebes, Ill.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>acute coronary thrombosis</u> <u>myocardial infarction</u> ANTECEDENT CAUSES <u>Coronary artery atherosclerosis.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>4201</u> 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"/>			
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) m.		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 <u>1/10</u> , 19 <u>53</u> , to <u>1/5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/5</u> , 19 <u>53</u> , and that death occurred at <u>6:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. H. Kern MD</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>1/10/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 8, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Thebes, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>1-10-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John C. Marchildon</u>		ADDRESS <u>Cairo, Illinois</u>	

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

JAN 21 1953

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 _____

by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Lester C. Marchillo

Licensed Embalmer No. 111. 8332

P. O. Address 215-21st. St., Cairo, Ill

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.