5. No. 300
7. 10.48

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8087

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1373

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 3 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MISSOURI PACIFIC HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JENNINGS 4148
d. STREET ADDRESS (If rural, give location): 5737 HIGGINS DR

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) — c. (Last) Wilson
4. DATE OF DEATH (Month) (Day) (Year): 2-2-53
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 20, 1892
9. AGE (In years last birthday): 60 — If under 1 year: Months 7 Days 12 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SWITCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: TERMINAL R.R.
11. BIRTHPLACE (City and State or Foreign Country): BELLEVILLE - ILL
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: ALBERT WILSON
13b. MOTHER'S MAIDEN NAME: BARBARA BUSCH
14. NAME OF HUSBAND OR WIFE: NORA WILSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
16. SOCIAL SECURITY NO.: 702-09-3778
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Nora Wilson ADDRESS: 5737 Higgins Dr

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) Pulmonary Infarcts — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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 Congestive Heart Failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 465X

22. *I hereby certify that I attended the deceased from* 1/30, 1953, *to* 2/2, 1953, *that I last saw the deceased alive on* 2/2, 1953, *and that death occurred at* 2:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. W. Kelly (Degree or title) MD
23b. ADDRESS: Mo-Pacific Hosp. St Louis
23c. DATE SIGNED: 2-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-6-53
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK
24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY - MO

DATE REC'D BY LOCAL REG.: FEB 5 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: L. B. Tanner ADDRESS: 6107 Natural Bridge

(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 Fred J. Farmer

Licensed Embalmer No. 4788

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.