No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12540

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2678

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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129
d. STREET ADDRESS (If rural, give location) 5123 Cates 0 12

3. NAME OF DECEASED (Type or Print)
a. (First) Laura
b. (Middle)
c. (Last) Wilson

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1953

5. SEX Female 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 13 1901
9. AGE (In years last birthday) 51 — If under 1 year: Months 11, Days 7 — If under 24 hrs.: Hours 12, Min. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Tuckerman Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Young
13b. MOTHER'S MAIDEN NAME Mollie Davis
14. NAME OF HUSBAND OR WIFE Ben Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Marie Jones **ADDRESS** 5123 Cates

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* 10-9, 1952, *to* 3-7, 1953 *that I last saw the deceased alive on* 3-7, 1953, *and that death occurred at* 12:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE Edward B Williams (Degree or title) MD
23b. ADDRESS 2601 N Whittier St
23c. DATE SIGNED 3-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/11/53
24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery
24d. LOCATION (City, town, or county) (State) Berkley 21, Mo.

DATE REC'D BY LOCAL REG. MAR 10 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Holden Funeral Home **ADDRESS** 2649 Delmar

(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 Theodore F. Yandell

Licensed Embalmer No. 4243

P. O. Address 130 Eldridge
Thelusko Groves, 19 [illegible]

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.