

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

V.S. No. 300
Rev. 10.48

FILED APR 29 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1662

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton, Missouri</u>		c. CITY OR TOWN <u>St. Charles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>DOA</u>		e. STREET ADDRESS (If rural, give location) <u>1525 Clay Street., 0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			
3. NAME OF DECEASED a. (First) <u>WILLARD</u> b. (Middle) <u>Bruce</u> c. (Last) <u>Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 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>Nov 4, 1893</u>
9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Columbia Steel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montevideo, Minnesota</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>R. D. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Kitchel</u>	14. NAME OF HUSBAND OR WIFE <u>Verna Wilson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW - I</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Verna Wilson, St. Charles, Mo.</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* (a) <u>Crushing injury of the chest with massive hemorrhage into the chest cavity and shock - suffered when the automobile he was operating with another automobile.</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) _____	
DUE TO (c) <u>went out of control and collided</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>with another automobile.</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural St. Louis Mo.</u>	<u>400 E8164</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/11/53 4:20 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Blunt impact</u>	
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 <u>Arnold J. Willman</u> (Degree or title) <u>3: Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>4/14/53</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-13-53</u>	REGISTRAR'S SIGNATURE <u>Herkut R. Danhe-MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>	

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3

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

APR 20 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, Student Embalmer No. working under my personal supervision.

Student:
Signature of Student Embalmer

Signed *Fred J. Turner*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.