

FILED AUG 31 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 30547

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7614

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) OR <b>Town St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Town St. Louis</b>		2019 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>200 E. Marceau</b>				d. STREET ADDRESS (If rural, give location) <b>2 00 E. Marceau</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Loretta</b>		b. (Middle) <b>Wilson</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>8-3-1953</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8-20-1884</b>		9. AGE (In years less birthday) 68 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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>			
13a. FATHER'S NAME <b>George Winter</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Feidler</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph Wilson</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Wilson 200 E. Marceau</b>					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Collapse</b>				DUE TO (b) <b>Ch. Myocarditis</b>				<b>about 10 yrs</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Hypertension - Ch. Hepatitis</b>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>about 10 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) <b>422.2</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>Jan. 1947</b> , to <b>Aug. 3, 1953</b> , that I last saw the deceased alive on <b>Aug. 9, 1953</b> , and that death occurred at <b>745 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Dr. Leo P. Jung, D. M.D.</b>				23b. ADDRESS <b>2621 S. Jefferson</b>		23c. DATE SIGNED <b>8/4/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>8-6-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay Missouri</b>			
DATE REC'D BY LOCAL REG. <b>AUG 4 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 6822 S. GRAND BLVD.</b>					

(Licensed Embalmer's Statement on Reverse Side)

B-1 (REV. 11, 1952)

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

Dr. Leo P. Young  
2621 S. Jefferson  
2 to 4

**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 \_\_\_\_\_

*David P. Young*

Licensed Embalmer No. 4242

P. O. Address 6322 Highland

**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.