

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34337**  
Registrar's No. **8128**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8128</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY _____				<b>2. USUAL RESIDENCE</b> (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 OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>25 1124 N. 15th St.</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Hattie</b>			b. (Middle) _____		c. (Last) <b>Wilson</b>		<b>4. DATE OF DEATH</b> (Month) <b>8</b> (Day) <b>18</b> (Year) <b>53</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widow</b>		<b>8. DATE OF BIRTH</b> <b>Aug. 4, 1879</b>		<b>9. AGE</b> (In years last birthday) <b>74</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 48 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Mississippi</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Unknown</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Unknown</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Daisy Wilson / 726 Laclede</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>					<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Six months</b>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Head of Pancreas</b>					
		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.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>157X</b>			
<b>21d. TIME OF INJURY.</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>7-21</u>, 19<u>53</u>, to <u>8-18</u>, 19<u>53</u>, that I last saw the deceased alive on <u>8-18</u>, 1953, and that death occurred at <u>6:30A</u> m., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <b>E. B. Williams</b> (Degree or title) <b>M.D.</b>				<b>23b. ADDRESS</b> <b>2601 N. Whittier</b>		<b>23c. DATE SIGNED</b> <b>8-20-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>REMOVAL</b>		<b>24b. DATE</b> <b>8-21-53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakdale</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>Lemay Mo.</b>		
<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 21 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith, M.D.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Ed House 1221 N. Grand</b>			

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.....  
Signature of Student Embalmer

Signed *Guyton Swan*.....

Licensed Embalmer No. *4580*.....

P. O. Address *1221 Grand*.....

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.