

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41400
10634

FILED NOV 24 1953

State File No. 10634
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10634		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon			8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hosp.					d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Bertha			b. (Middle) _____		c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8 53		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-18-1895		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY AT home		11. BIRTHPLACE (City and State or Foreign Country) St. Clair Co., Illinois			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED PANNIER			13b. MOTHER'S MAIDEN NAME LOUISE VOGEL			14. NAME OF HUSBAND OR WIFE DAVE WILSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dave Wilson O'Fallon, Ill				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic carcinoma DUE TO (c) adenocarcinoma of rectum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2 months 2-3 yrs 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X				
22. I hereby certify that I attended the deceased from May 18, 1950 , to Nov 8, 1953 , that I last saw the deceased alive on Nov 8, 1953 , and that death occurred at 9:40 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Keith Wilson, M.D.				23b. ADDRESS 4952 Maryland Ave			23c. DATE SIGNED 11-9-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-9-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) O'Fallon Ill.			
DATE REC'D BY LOCAL REG. NOV 9 1953		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Wolfersberger O'Fallon, Ill.				

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 *Frank Brown*

Licensed Embalmer No. *4386*

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.