

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

3516

State File No.

FILED JAN 26 1954

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>545</u>	Registrar's No. <u>103</u>
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. LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>		c. LENGTH OF STAY (In this place) <u>5 YR</u>	c. CITY OR TOWN <u>MAPLEWOOD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7631 JEROME</u>		e. STREET ADDRESS (If rural, give location) <u>7631 JEROME</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELMER</u>	b. (Middle) <u>M</u>	c. (Last) <u>WILSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 12 54</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>4-9-1877</u>	9. AGE (In years last birthday) Months Days <u>76 9 3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HUNGRYMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LAUNDRY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LYNDBORO - N.H.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>ALBRO WILSON</u>		13b. MOTHER'S MAIDEN NAME <u>ROSA - UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LOUSINA - WILSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>	(If yes, give war or dates of service) <u>SP. AMER.</u>	16. SOCIAL SECURITY NO. <u>489-01-0106A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOUSINA - WILSON - 7631 JEROME</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>Cardiac Decompensation</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>4 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>		
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?		
22. I hereby certify that I attended the deceased from <u>1949</u> to <u>12 JAN 1954</u> that I last saw the deceased alive on <u>12 JAN 1954</u> , and that death occurred at <u>12:45A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Richard Jones MD</u>		23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>12 JAN 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK-GROVE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>JERSEYVILLE - ILL</u>	
DATE REC'D BY LOCAL REG. <u>1/13/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH - MAPLEWOOD. MO</u>		

Licensed Embalmer's Statement on Reverse Side

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

No. 300
10-48

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

1842

Signed..... *H. E. Burgess*

Licensed Embalmer No..... 40

P. O. Address..... *Maple*

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.