

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10536**
Registrar's No. **2500**

BIRTH NO. **FILED MAR 25 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis Mo		c. LENGTH OF STAY (in this place) 2 HRS. 45 M.	c. CITY OR TOWN HERRIN
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis Children's		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) Boy c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) 3-17-54	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 3-16-54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1 If under 1 year: Months 1 Days 1 If under 1 hr. Hours 1 Min.
11. BIRTHPLACE (City and State or Foreign Country) HERRIN, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Victor Wilson		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE		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 J. EGAN ADDRESS 500 So. Kings Highway	
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) Synthrobactoin fetalis INTERVAL BETWEEN ONSET AND DEATH 1 day 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.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 7700		22. I hereby certify that I attended the deceased from 3-17, 1954 to 3-17, 1954 that I last saw the deceased alive on 3-17, 1954 , and that death occurred at 4:30 AM. , from the causes and on the date stated above.	
23a. SIGNATURE Wm. G. Klingberg M.D. (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-18-54		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Herrin - Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Storme - Herrin - Ill. ADDRESS	
DATE REC'D BY LOCAL REG. MAR 18 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

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 *Ronald Q. Yal*.....

Licensed Embalmer No. *39*.....

P. O. Address *St. Lau*.....

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.