

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

10537

State File No. 2489

2489

1003

BIRTH NO. FILED MAR 25 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No.

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Homer G. Phillips Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1382 Montclair</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Charlie</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>3 16 54</u>	
a. (First) b. (Middle) c. (Last)		5. SEX <u>M</u> 6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)		8. DATE OF BIRTH <u>Jan. 31, 1901</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Helper</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>White Plains, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Porter Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Dorthalie ?</u>	
14. NAME OF HUSBAND OR WIFE <u>Ellen Wilson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>493 07 6162</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Wilson</u> ADDRESS <u>1382 Montclair</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic Heart Disease (Aortic Stenosis)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. <u>Old Myocardial Infarction</u>		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? <u>411X</u>	
22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>54</u> , to <u>3-16</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-16</u> , 19 <u>54</u> , and that death occurred at <u>8:25 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. B. Williams, M.D.</u>		23b. ADDRESS <u>2601 N. Whittier</u>	
23c. DATE SIGNED <u>3-18-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Ship</u>	
24b. DATE <u>March 19, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jackson, Tennessee</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Hoover</u> ADDRESS <u>1221 N. Grand</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(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

Signed *Guyston Swan*.....

Licensed Embalmer No. *4578*

P. O. Address *127 1/2*

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.