

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10538**

FILED MAR 19 1954

318

1003

Registrar's No. **2146**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) 8 - Days	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Valley Park 4767		d. STREET ADDRESS (If rural, give location) 617-Vest
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospt.					
3. NAME OF DECEASED (Type or Print) a. (First) Jane		b. (Middle) _____	c. (Last) Wilson	4. DATE OF DEATH (Month) (Day) (Year) Mar. 7 - 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 12-1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Retired house wife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Butler Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry L. Mc-Fadden		13b. MOTHER'S MAIDEN NAME Suzanne Hovis		14. NAME OF HUSBAND OR WIFE John E. Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gustave Regener, Detroit, Mich		
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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 da
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ct. Cerebral Hemorrhage		4 da
			DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bowel Hemorrhage of		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION undetermined origin		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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201		
22. I hereby certify that I attended the deceased from Feb 26, 1954 , to Mar. 7, 1954 , that I last saw the deceased alive on Mar. 6, 1954 , and that death occurred at 12:00 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE W. Deabaugh (Degree or title) _____			23b. ADDRESS Mrs. Webster Groves Mo.		23c. DATE SIGNED 3-8-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar 9-1954	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Park	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.		
DATE REC'D BY LOCAL REG. MAR 8 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

300
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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

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Baltimore, Md.

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.