

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

**10619**

State File No. \_\_\_\_\_

**FILED MAR 23 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 504

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St Louis</u> b. CITY OR TOWN <u>Clayton</u> c. LENGTH OF STAY (in this place) <u>DOA</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Co Hosp</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u> c. CITY OR TOWN <u>Kinloch 4091</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>200 Washington Ave</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Emanuel</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Wilson</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Feb 25 54</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Col</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>25 Sept 1888</u>	<b>9. AGE</b> (In years last birthday) <u>65</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS: Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Building</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Hamburg, Arkansas</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Sam Wilson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rosie Drayton</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Unknown</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>	<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Ezaly Wilson, Kinloch, Mo</u>		
<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>unknown natural causes</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>7955</u>		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>				
<b>23a. SIGNATURE</b> <u>Herbert R. Domke</u> (Degree or title) <u>Local Registrar</u>		<b>23b. ADDRESS</b> <u>651 S. Brentwood Blvd.</u>		<b>23c. DATE SIGNED</b> <u>3-3-54</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>2 Mar 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Washington Park</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Bekeley, Mo</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2-27-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Herbert R. Domke M.D.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Boyd Bros, Kinloch, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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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.....  
Signature of Student Embalmer

Signed *Edward A. Lyman*.....

Licensed Embalmer No. *444*.....

P. O. Address *St Louis 13*.....

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.