

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25442
Registrar's No. 6728

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) 45 da

c. CITY OR TOWN Saint Louis,

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp

e. STREET ADDRESS (If rural, give location) 21 111 N. Ewing 22190

3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) Elsie c. (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year) 7-17-54

5. SEX female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____

8. DATE OF BIRTH 6-1-39

9. AGE (In years last birthday) 15 yrs

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Hubert E. Wilson

13b. MOTHER'S MAIDEN NAME Eddie Albertsen Mack

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. Johnston 500 S. Kingshighway

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disseminated lupus erythematosus
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 456 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3-54, 1954, to 7-17, 1954, that I last saw the deceased alive on 7-17, 1954, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Klingberg M.D. (Degree or title)

23b. ADDRESS 500 S. Kingshighway

23c. DATE SIGNED 7-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE July 22 54

24c. NAME OF CEMETERY OR CREMATORY Washington Park

24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri

DATE REC'D BY LOCAL REG. JUL 21 1954

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. Knoice 1221 N. Grand

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 emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Gupton Swan*.....

Licensed Embalmer No. *45*

P. O. Address *1221^N Y*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.