

FILED AUG 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25592

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1803

1. PLACE OF DEATH a. COUNTY <u>St. Louis - Clayton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY OR TOWN <u>Rohinton #70</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>Freelee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis ED Hospit</u>			

3. NAME OF DECEASED (Type or Print) <u>Emma Wilson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-21-1954</u>		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Mar. 27, 1957</u>		9. AGE (In years last birthday) <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Clarence Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Nala M. Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Wilson Rohinton</u>	
(Yes, no, or unknown)		(If yes, give war or dates of service)		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Edema</u>		DUE TO (b) <u>Heat Stroke</u>			
ANTECEDENT CAUSES <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		DUE TO (c) <u>Enteritis</u>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Intussusception of Jejunum</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-21, 1954, to 7-21, 1954, that I last saw the deceased alive on 7-21, 1954, and that death occurred at 7:18 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Irwin Thomas Taylor M.D.</u>		23b. ADDRESS <u>601 So. Brentwood 4836 Margaretta, St. Louis</u>		23c. DATE SIGNED <u>7/22/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-24-1954</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Green Wood</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest Woodcock Rohinton</u>			
DATE REC'D BY LOCAL REG. <u>7/24/54</u>		REGISTRAR'S SIGNATURE <u>Hebert K. Sanborn</u>		ADDRESS	

(Licensed Embalmer's Placement on Reverse Side)

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 *Leroy E. Lannis*.....

Licensed Embalmer No. *452*.....

P. O. Address *3880 E*.....

**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.**