

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10402**  
**2651**

FILED MAR 31 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b> | c. LENGTH OF STAY (in this place)<br><b>15 yrs</b> | c. CITY OR TOWN <b>St. Louis</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1507 Destrehan St</b>                              |  | e. STREET ADDRESS (If rural, give location)<br><b>26 1507 Destrehan St</b>   |  |

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|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>George</b><br>b. (Middle) <b>W F</b><br>c. (Last) <b>Wilson</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Mar 22 1955</b> |
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| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>January 2, 1911</b> | 9. AGE (In years last birthday) <b>44</b><br>If UNDER 1 YEAR: Months _____ Days _____<br>If UNDER 4 HRS: Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Maintenance</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Creamery</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Osage City, Mo</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>Ben Wilson</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Cora Holden</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Trellis Wilson</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)<br><b>498-10-9849</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Trellis Wilson, 1507 Destrehan St</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Gunshot wound of skull and brain; self inflicted in room of hotel at 1507 Destrehan Street about 8:30 pm</b> | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>on March 22 1955</b> |                                  |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>Suicide</b> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify)<br><b>Suicide</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)<br><b>Room</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St Louis Mo</b> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Mar 22 55 8 p</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>E976X</b> |
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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 **8:27** m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title)<br><b>Patrick Taylor, Coroner</b> | 23b. ADDRESS<br><b>1300 Clark</b> | 23c. DATE SIGNED<br><b>3-24-55</b> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>Mar 26, 1955</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mount Lebanon Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
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| DATE REC'D BY LOCAL REG.<br><b>MAR 24 1955</b> | REGISTRAR'S SIGNATURE<br><b>J. Cash Smith mo</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Beiderwieden F.H.Inc., 1936 St. Louis Av.,</b> |
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WRITE PLAINLY—USING UNFAADING 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 None  
Signature of Student Embalmer

Signed Felix J. Kriski

Licensed Embalmer No. 34

P. O. Address St. Louis

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.