

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10533**

FILED APR 4 1955

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 546		Registrar's No. 1-704		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Overland)		c. LENGTH OF STAY (in this place) 40 days		c. CITY OR TOWN Vinita Park		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Shepherd Nurs. Home				f. STREET ADDRESS (If rural, give location) 8426 Midland, Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Alva b. (Middle) Forest c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) March 24 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 15 1868		
9. AGE (In years last birthday) 86		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) House Moving			10b. KIND OF BUSINESS OR INDUSTRY House Moving, Retired.			11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Ind.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Bertha (Dec.)	
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 J.W. Schroll				
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) Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH Unknown		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis generalized				Unknown		
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 4200 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?				
22. I hereby certify that I attended the deceased from 2/18 1955 to 3/23 1955 , that I last saw the deceased alive on 3/23 1955 , and that death occurred at 11:00 P.M. from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Alfred Fleischman M.D. / per vtd.				23b. ADDRESS 2560 a Woodson Rd. Overland Mo.		23c. DATE SIGNED 3/26/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/28/55		24c. NAME OF CEMETERY OR CREMATORY Valhalla, Cemetery		24d. LOCATION (City, town, or county) (State) Wellston, Mo.		
DATE REC'D BY LOCAL REG. 3/26/55		REGISTRAR'S SIGNATURE Heather B. Lamb, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Baltimore ADDRESS 2504 Woodson, Rd. Overland, Mo.				

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

J 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 *Oscar F. Mueller*.....

Licensed Embalmer No. *303*.....

P. O. Address *Owland*.....

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.