

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20504

State File No.

5192

| | | | | | | | | | |
|---|-------------------------------|--|--|---|---|--|---|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 49 yrs. | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp. | | | | STREET ADDRESS (If rural, give location) 4031 Cook Avenue | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Albert | | | b. (Middle) Jasper | | c. (Last) Wilson | | 4. DATE OF DEATH (Month) (Day) (Year) June 10, 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 14, 1880 | | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months 3 Days 26 | IF UNDER 24 HRS. Hours 1 Min. _____ | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Walter (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Penn. R. R. | | 11. BIRTHPLACE (City and State or Foreign Country) White Plains, Alabama | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | |
| 13a. FATHER'S NAME ? Wilson | | 13b. MOTHER'S MAIDEN NAME Annie ? | | 14. NAME OF HUSBAND OR WIFE Annie B. Wilson | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie B. Wilson, 4031a Cook Avenue | | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate 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 <input 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? 177X | | | | | |
| 22. I hereby certify that I attended the deceased from June 3, 1955 , to June 10, 1955 , that I last saw the deceased alive on June 10, 1955 , and that death occurred at 1:55 P.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Merle B. Herriford M.D. | | | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 6-13-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6/16/1955 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | | |
| DATE REC'D BY LOCAL REG. JUN 15 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave. | | | | | |

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 *Arthur B. Heilbard*.....

Licensed Embalmer No.....422

P. O. Address ..4107 Finne

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.