

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20500

318

1003

5138

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1Y 9Mo</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Chronic Hospital</u>				STREET ADDRESS (If rural, give location) <u>13 5600 Arsenal</u>				<u>2139</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elisah</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Wilson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/10/55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/22/1877</u>		9. AGE (In years last birthday) <u>77</u>	
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) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bryant Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Hodges</u>			14. NAME OF HUSBAND OR WIFE <u>Lurlean Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chronic Hospital, 5600 Arsenal</u>				
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) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate &amp; Testicles</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						19c. AUTOPSY? 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? <u>443X</u>				
22. I hereby certify that I attended the deceased from <u>9/3</u> , 19 <u>53</u> , to <u>6/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/10</u> , 19 <u>55</u> , and that death occurred at <u>2:55A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>George Esker M.D.</u>				23b. ADDRESS <u>5600 Arsenal</u>			23c. DATE SIGNED <u>6/10/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6/15/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUN 14 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wright Funeral Home 3100 Easton Ave.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *W. C. Claude Hor*

Licensed Embalmer No. *34*

P. O. Address *45-75*

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