

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24582

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5867

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1016 N 22nd ST		d. STREET ADDRESS (If rural, give location) 21 1016 N 22nd ST.	
3. NAME OF DECEASED (Type or Print) a. (First) ELIZA b. (Middle) c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) July 5 55	
5. SEX F	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH AUG. 3, 1888
9. AGE (In years, Months, Days) 66 11 2		10. UNDER 1 YEAR (Specify) 11 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Holly Grove Miss		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME WM THOMAS		13b. MOTHER'S MAIDEN NAME CHANNIE	
14. NAME OF HUSBAND OR WIFE ALBERT WILSON		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 Annie Glenn ADDRESS 1016 N 22	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Insufficiency 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.	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		410X	
22. I hereby certify that I attended the deceased from 1955 , to 7-5-55 , 19 55 , that I last saw the deceased alive on 7-5-55 , 19 55 , and that death occurred at 8 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. W. Weir		23b. ADDRESS 4141 Lee Blvd	
23c. DATE SIGNED 7-6-55			
24a. BURIAL, CREMATION/REMOVAL (Specify)		24b. DATE 7-12-55	
24c. NAME OF CEMETERY OR CREMATORY DAN DAKE		24d. LOCATION (City, town, or county) (State) LEMAZ MO	
DATE REC'D BY LOCAL REG. JUL 7 1955		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Walter A. Stoddard		ADDRESS 2707 Stoddard	

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer

Signed

W. Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Alder

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.