

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. \_\_\_\_\_  
Registrar's No. **9492**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN **St Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute City Hospital** e. STREET ADDRESS (If rural, give location) **4268 Delor** 2157

3. NAME OF DECEASED a. (First) **Robert** b. (Middle) **C** c. (Last) **Wilson** 4. DATE OF DEATH (Month) (Day) (Year) **Oct 29 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **July 16, 1914** 9. AGE (In years last birthday) **41** If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ If UNDER 1 MO. Hour \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_ 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Circleville Ohio** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Charles Wilson** 13b. MOTHER'S MAIDEN NAME **Minnie Sapp** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Fred Wilson** ADDRESS **Springfield Ohio**

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) **Barbiturate Poisoning**  
ANTECEDENT CAUSES **suffered when deceased took an overdose of barbiturate tablets in the home, October 29, 1955, while suffering a temporary mental aberration**  
DUE TO \_\_\_\_\_  
DUE TO \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **29. 1955, while suffering a temporary mental aberration**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **suicide E9702** 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **suicide** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Oct 29 55 ? m.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

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 **5:51** m., from the causes and on the date stated above.

23a. SIGNATURE **James M Keely Deputy Registrar** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **10-31-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **11-1-56** 24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_ 24d. LOCATION (City, town, or county) (State) **Springfield Ohio**

DATE REC'D BY LOCAL REG. **OCT 31 1955** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe 4700 Washington**

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..... *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *N. La*

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.