.300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 25 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18900

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4119

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOMER G. PHILLIPS HOSP.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: N/O.
b. COUNTY

c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 1432 N. 14th ST. 22 56

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALLEN
b. (Middle): THOMAS
c. (Last): WILSON

**4. DATE OF DEATH** (Month) (Day) (Year): 4-22-56

**5. SEX**: MALE
**6. COLOR OR RACE**: NEGRO
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): —
**8. DATE OF BIRTH**: 8/23/50
**9. AGE** (In years last birthday): 5 — 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): NONE
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): MISSOURI
**12. CITIZEN OF WHAT COUNTRY?**: USA.

**13a. FATHER'S NAME**: Allen Baker
**13b. MOTHER'S MAIDEN NAME**: Lois Wilson
**14. NAME OF HUSBAND OR WIFE**: —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME**: LOIS WILSON — ADDRESS: 1432 N. 14th ST

**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) Fractured Skull; Brain Injury; suffered when struck by car operated by one Mildred Coleman, in front of about 1411 Carr Str. about 1250 pm., April 20 1956

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 ☑ NO ☐

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

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): Apr 20 56 12 50 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** COD E812.4 25

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* 130A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Patrick C. Taylor Coroner
**23b. ADDRESS**: 1300 Clark
**23c. DATE SIGNED**: 4.25.56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 4-27-56
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Dale Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

**DATE REC'D BY LOCAL REG.**: APR 26 1956
**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Luke Jones — ADDRESS: 1343 N. Garrison Ave.

S.P. (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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Heelle

Licensed Embalmer No. 42

P. O. Address 4524 G

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