

THE DIVISION OF HEALTH OF MISSOURI  
 FILED MAY 25 1956 STANDARD CERTIFICATE OF DEATH

18901

State File No. ....

318

1003

4468

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>44 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4339 Cote Brilliante</b>		e. STREET ADDRESS (If rural, give location) <b>4339 Cote Brilliante</b>				
3. NAME OF DECEASED (Type or Print) <b>CORNELIUS R. WILSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 4, 1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 29, 1896</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>5</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Freight Picker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R. R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, Tennessee</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Frederka Baker</b>		
14. NAME OF HUSBAND OR WIFE <b>Anna Wilson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>494-07-8751</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Anna Wilson</b>		18. ADDRESS <b>4339 Cote Brill.</b>				
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound in right temple, self inflicted, acute at 4339 Cote Brilliante on May 4th, 1956. Exact time unknown</b> DUE TO (b) <b>Swiss</b> DUE TO (c) <b>Swiss</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>see</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Swiss</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (Be fully specific) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>May 4 56 ? a.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E 976x</b>		
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 <b>10 A.m.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>Patrick J. Taylor Coroner</b>			23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>5-8-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/9/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 8 1956</b>		REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		
				ADDRESS <b>4107 Finney</b>		

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 L. Heilman*

Licensed Embalmer No..4221

P. O. Address..4107 Finne

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.