

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22457**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **1416**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURY</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>HAZELWOOD</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>D.O.A.</b>		c. CITY OR TOWN <b>AFFTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MERCURY PLANT</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>Rt. 14-Box 241</b>			

3. NAME OF DECEASED a. (First) <b>ROY</b>			b. (Middle) <b>RAYMOND</b>			c. (Last) <b>WILSON</b>			4. DATE OF DEATH (Month) - (Day) (Year) <b>JUNE - 6 - 1956</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>1906 DEC-23-</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSPECTOR</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>MERCURY AUTO PLANT</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>DE SOTO, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.R.</b>	

13a. FATHER'S NAME <b>CLACK WILSON</b>		13b. MOTHER'S MAIDEN NAME <b>MABLE PONDS</b>		14. NAME OF HUSBAND OR WIFE <b>NORMA WILSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Norma Wilson</b>	
		18. NO. <b>488-09-1829</b>		ADDRESS <b>Rt. 14-Box 241, AFFTON, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aneurysm</b>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Leis</b>					
		DUE TO (c) <b>Myocarditis</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. 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?			

22. I hereby certify that I attended the deceased from **Dec 18, 1940**, to **6/6**, 19 **56**, that I last saw the deceased alive on **5/28, 1956** and that death occurred at **8 1/2 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Otto C Hansen MD</b> (Degree or title)		23b. ADDRESS <b>3012 Lafayette</b>		23c. DATE SIGNED <b>6/8/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 9-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	
		24d. LOCATION (City, town, or county) (State) <b>AFFTON, MO</b>			

DATE REC'D BY LOCAL REG. <b>6-9-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donahue MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Fey Funeral Home</b>	
				ADDRESS <b>MEHNVILLE, MO</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 *Gustav W. Dittale*.....

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.