

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25424

FILED AUG 14 1956

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1892</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>9417 Rothwell Place</u>					
3. NAME OF DECEASED (Type or Print) <u>Robert</u>			a. (First)		b. (Middle) <u>Wilson</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>8</u>		(Day) <u>2</u>		(Year) <u>1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5/17/1887</u>			
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Unk. - Virginia</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. <u>Bessie</u> HUSBAND OR WIFE <u>Elizabeth Wilson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-03-5275</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Wilson</u> ADDRESS <u>9417 Rothwell</u>					
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) <u>Arteriosclerotic Heart Disease</u>							
		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 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) <u>4200</u>		(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?					
22. I hereby certify that I attended the deceased from <u>1-1-</u> , <u>1956</u> , to <u>7-11-</u> , <u>1956</u> , that I last saw the deceased alive on <u>8-2</u> , <u>1956</u> , and that death occurred at <u>9:45</u> p. m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Joseph G. Crust MD</u> (Degree or title)				23b. ADDRESS <u>601 S. Brentwood</u>				23c. DATE SIGNED <u>8-3-56</u>	
24b. DATE <u>8/8/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		(State)			
DATE REC'D BY LOCAL REG. <u>8-7-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donnell</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Komer</u>			ADDRESS <u>1221 N. Grand</u>	

Missouri
 Clayton
 9417 Rotwell Place

Male _____
 Negro _____
 Married _____
 Single _____
 U. S. A. _____
 Virginia _____
 Beattie _____
 Elizabeth Wilson _____
 9417 Rotwell Place _____
 198-03-2272 _____
 Unknown _____
 Unknown _____
 No _____

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 *Malvin Blackwood*
 Licensed Embalmer No. *3967*

P. O. Address *1221 N. Du*

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