

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25550

State File No.

FILED AUG 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1675

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give town) Brentwood | | c. LENGTH OF STAY (in this place) 9 yrs | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 8715 White Ave | | e. STREET ADDRESS (If rural, give location) 8715 White Ave | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Martin | b. (Middle) C. | c. (Last) Wilson | 4. DATE OF DEATH (Month) (Day) (Year) July 10, 1956 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 6-17-1892 | 9. AGE (In years) (Last birthday) 64 | 10. UNDER 1 YEAR Months 0 Days 0 | 11. UNDER 1 HRS. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher | 10b. KIND OF BUSINESS OR INDUSTRY Public School | 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Warren Wilson | 13b. MOTHER'S MAIDEN NAME Etta Glazier | 14. NAME OF HUSBAND OR WIFE Verna Lowe Wilson |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | 16. SOCIAL SECURITY NO. W.W.I 720-07-7017 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Verna L. Wilson | ADDRESS 8715 White Ave |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1950 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease | | |
| | ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-10-1956 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1-5-1954, to July 10, 1956, that I last saw the deceased alive on 7-10, 1956, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Norman C. Ross | (Degree or title) M.D. | 23b. ADDRESS 1695 Brentwood Blvd. | 23c. DATE SIGNED 7-10-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation | 24b. DATE 7-13-56 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. 7-11-56 | REGISTRAR'S SIGNATURE Heather K. Ambe, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Mittelberg Funeral Home, Inc. | ADDRESS 23 W. Leekwood Ave. Webster Groves |
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(Licensed Embalmers' Placement on Reverse Side)

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 *Robert M. Murray*
Licensed Embalmer No. *3749*

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.