

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29339

State File No. ....

FILED SEP 6 1956

318

1003

Registrar's No. 7251

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 <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>10 yrs.</u>		c. CITY OR TOWN <u>St. Louis</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>3639a Cass Avenue</u>				STREET ADDRESS (If rural, give location) <u>3639a Cass Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>EDDIE</u>		a. (First)		b. (Middle)		c. (Last) <u>Wilson</u>	
5. SEX <u>Male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>divorced</u>		8. DATE OF BIRTH <u>about 52 yrs.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-1-56</u>	
6. COLOR OR RACE <u>Negro</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR (Months) (Days)		IF UNDER 2 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bedias, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jake Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Holliday</u>		14. NAME OF HUSBAND OR WIFE _____			
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>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Opie Toliver,</u> ADDRESS <u>Fat Worth, Texas</u>			
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) <u>Massive intra-thoracic hemorrhage (Left chest). Contributory - penetrating wound of left side of chest penetrating the vena cava, suffered when stabbed with knife in hands of one Lee Perry, (col.) in room of home at 3639a Cass Ave, about 6:45 A.M. August 1, 1956.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS of home at 3639a Cass Ave, about August 1, 1956. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>(Left</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>JUSTIFIABLE HOMICIDE</u>		20. AUTOPSY? <u>E982x</u>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF SUICIDE <u>Justifiable Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 1 56 6:45 a.m.</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Opie Toliver</u>				23b. ADDRESS _____		23c. DATE SIGNED <u>8/1/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grimes County, Texas</u>	
DATE REC'D BY LOCAL REG. <u>AUG 6 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. P. NASH FUNERAL HOME</u> ADDRESS <u>111 N. 13th St.</u>			

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 *C. J. Nash*.....

Licensed Embalmer No. *2432*

P. O. Address *3847 Payne*

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.