

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44236

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>3085</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>ST. LOUIS</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>CLAYTON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>4 DAYS</u>		c. CITY OR TOWN <u>BALLWIN</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 CO. HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>HUNNKUTT NURSING HOME, BALLWIN</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>MARY</u>	b. (Middle) <u>CECELIA</u>	c. (Last) <u>WILSON</u>	(Month) <u>12</u>	(Day) <u>27</u>	(Year) <u>56</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 21, 1878</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A-</u>	
13a. FATHER'S NAME <u>JOHN SCHROBER</u>		13b. MOTHER'S MAIDEN NAME <u>VICTORIA SAUER</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK A. WILSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ARTHUR F. WILSON</u> ADDRESS <u>5602 37th AVE HYATTSVILLE, MD.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity 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 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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>12-23, 1956</u> , to <u>12-27, 1956</u> , that I last saw the deceased alive on <u>12-27, 1956</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph G. Cunk mo</u>				23b. ADDRESS <u>601 So. Brentwood</u>		23c. DATE SIGNED <u>12-27-56</u>	
24a. BURIAL/CREMATION/REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/31/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>12-29-56</u>		REGISTRAR'S SIGNATURE <u>Hebe K. Romke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <u>PFITZINGER MORTUARY, KIRKWOOD, MO.</u>			

(Licensed Embalmer) Statement on Reverse Side

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

No. 300
10-A

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 *Abm. A. Peltzenger*.....

Licensed Embalmer No. *4316*.....

P. O. Address *Kirkwood*.....

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.