

STANDARD CERTIFICATE OF DEATH

State File No. **19460**

FILED MAY 27 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4690**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 ENROUTE CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 3919 SCHILLER PL	
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) R. c. (Last) WILSON		4. DATE OF DEATH (Month) (Day) (Year) MAY 15 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 2 1898
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN	11. BIRTHPLACE (City and State or Foreign Country) MICHIGAN
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE FLORENCE WILSON (DEC'D)	
13a. JOHN'S NAME JOHN WILSON		13b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-09-9637	
17. INFORMANT'S SIGNATURE OR NAME ALBERT J. WILSON		ADDRESS 3646 OREGON	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Sclerosis 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 420.1	
20. AUTOPSY? YES <input checked="" 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)			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p.m., from the causes and on the date stated above.			
23a. SIGNATURE Patrol Taylor Carover		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5.17.57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 18 1957	
24c. NAME OF CEMETERY OR CREMATORY New St. MARCUS		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
DATE REC'D BY LOCAL REG. MAY 17 57		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith ADDRESS 2906 Travis	

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.....

James C. Hill

Licensed Embalmer No. *4343*

P. O. Address *2906 Hwy*

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.