

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

'57 02 3013  
State File No. ....

**FILED JUL 5 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5850**

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). --a--STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis,</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>4-Days</b>		e. STREET ADDRESS (If rural, give location) <b>3718A St. Louis Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hosp.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Daisy</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>Wilson</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>6 22 '57</b>	
<b>5. SEX</b> <b>F.</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>7-30-1883</b>	<b>9. AGE</b> (In years last birthday) <b>73</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City, State or Foreign Country) <b>Tennessee</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>				

<b>13a. FATHER'S NAME</b> <b>Calvin Turnbow</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Julia Adams.</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>William Wilson</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Marvin Wilson</b>	<b>ADDRESS</b> <b>3718 St. Louis Ave</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 days.</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Cerebral Arteriosclerosis</b>		<b>2 yrs.</b>
	DUE TO (c) <b>Generalized Arteriosclerosis</b>		<b>2 yrs.</b>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>332x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

**22. I hereby certify that I attended the deceased from 6/18/57, 1957, to 6/22/57, that I last saw the deceased alive on 6/22, 1957, and that death occurred at 11:05 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>John W. Beckham, M.D.</b>	<b>23b. ADDRESS</b> <b>5800 Arsenal</b>	<b>23c. DATE SIGNED</b> <b>6/22/57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>June 25, 1957</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bellefontaine Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>JUN 24 1957</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Carl Smith</b>	<b>ADDRESS</b> <b>115 Adams</b>
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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*

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.