

FILED AUG 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26713**

Registrar's No. **6579**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIME DIST. NO. <b>1003</b>		Registrar's No. <b>6579</b>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) <b>8 Hrs.</b>		c. CITY OR TOWN <b>St. Ann 4001</b>		d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>23 St. Johns Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>27 3336 Delta</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>BABY</b> b. (Middle) <b>WILSON</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>7 13 57</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>7-12-57</b>		
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hour Min.		<b>8 1 -</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>#####</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>#####</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Lloyd A. Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary E. Schockley</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lloyd A. Wilson 3336 Delta</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>8hr</b>		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity 22 wks</b>						
		ANTECEDENT CAUSES DUE TO (b) <b>Same</b>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS <b>776x</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <b>7/12</b> , 19 <b>57</b> , to <b>7-13</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>7-13</b> , 19 <b>57</b> , and that death occurred at <b>6:30A</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>OK Kaske MD</b>				23b. ADDRESS <b>3510 Central Clayton</b>		23c. DATE SIGNED <b>7-13-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/13/1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUL 15 57</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Collier Mortuary St. Ann, Mo.</b>				

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.....

Licensed Embalmer No. 338

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.