

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26929
State File No. _____
Registrar's No. 1563

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE Mo b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Richmond Heights		c. LENGTH OF STAY (In hospital) 5 days	c. CITY OR TOWN DeSoto
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 506 South 4th		(If rural, give location) 0520	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) James	b. (Middle) Patrick	c. (Last) Wilson	(Month) June	(Day) 18	(Year) 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, UNMARRIED Never Married	8. DATE OF BIRTH June 14 1957		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 3		IF UNDER 1 YEAR 3 Months 5 Days
11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights Mo.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME William Wilson	13b. MOTHER'S MAIDEN NAME Marilyn Sue McGee	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME William Wilson	ADDRESS 506 S 4th DeSoto, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack		
	ANTECEDENT CAUSES 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	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) DeSoto (COUNTY) _____ (STATE) _____
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 **14 Jun, 1957** to **16 Jun, 1957**, that I last saw the deceased alive on **16 Jun, 1957**, and that death occurred at **3 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE James H. Lawlor MD	(Degree or title) MD	23b. ADDRESS 35 No Central DeSoto	23c. DATE SIGNED 17 Jun 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 18 1957	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) DeSoto, Mo (State) _____

DATE REC'D BY LOCAL REG. 6-19-57	REGISTRAR'S SIGNATURE Herbert B. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE Mahn Funeral Home	ADDRESS DeSoto, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DE 1-11-06

AR 1-11-06

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 *Samuel J. Mahan*

Licensed Embalmer No. *432*

P. O. Address *Redondo*

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.