

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

State File No. **46489**
Registrar's No. **12751**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 10 yrs.		c. CITY OR TOWN St. Louis		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 St. Louis Chronic Hosp.				STREET ADDRESS (If rural, give location) 3400 S. Grand			
3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) _____ c. (Last) Wilson			4. DATE OF DEATH (Month) (Day) (Year) 12-31-57				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Dec. 16, 1881		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car Inspector - R.R.Co.		10b. KIND OF BUSINESS OR INDUSTRY R.R.Co.		11. BIRTHPLACE (City and State or Foreign Country) Statesville, N. Carolina		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Butler Wilson		13b. MOTHER'S MAIDEN NAME Clemmie Klodfelder		14. NAME OF HUSBAND OR WIFE unk.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. Nil.		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Louis Chronic Hospital Records 800 Arsenal St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			MEDICAL CERTIFICATION 800 Arsenal St.		INTERVAL BETWEEN ONSET AND DEATH 15 min.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease					1 mo.	
	DUE TO (c) Generalized Arteriosclerosis					2 yrs.	
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Left Obstructive Emphysema					6 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1		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 10-28-47 , 19____, to 12-31-57 , 19____, that I last saw the deceased alive on 12-31-57 , 19____, and that death occurred at 7:30a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.				23b. ADDRESS 5800 Arsenal St.		23c. DATE SIGNED 12/31/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-31-57	24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Memorial Park		24d. LOCATION (City, town, or county) (State) Little Rock, Ark.		
DATE REC'D BY LOCAL REG. JAN 2 '58		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington, Blvd.			

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 *E. J. Pennington*

Licensed Embalmer No. *4285*

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.