

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) <i>Union Twp.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>4619</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Highway 50</i>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 731 W. BIG BEND			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WALTER Middle LOREN Last WILSON				4. DATE OF DEATH Month JAN. Day 16, Year 1958							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 24, 1905		9. AGE (In years last birthday) 52			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAYOUT MAN		10b. KIND OF BUSINESS OR INDUSTRY AWNING CO.		11. BIRTHPLACE (City and state or country) UNKNOWN			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME GEORGE WILSON				14. 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) NO			16. SOCIAL SECURITY NO. 499-14-0461		17. INFORMANT FAYE WILSON Address 731 W. BIG BEND						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crushing injury of sternum and vertebral structures</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <i>due to sternum</i> DUE TO <i>vertebrae</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Auto subject was driving struck bridge abutment</i>								
20c. TIME OF INJURY Hour 2:00 Month JAN Day 16 Year 58			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, for m. factory, street, office, etc.) <i>Highway 66-50</i>			20f. CITY, TOWN, OR LOCATION Mill Creek COUNTY Franklin STATE MO.		
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Walter Loren Wilson</i> (Degree or title)						22b. ADDRESS		22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 19, 1958		23c. NAME OF CEMETERY OR CREMATORY HOUSTON CEMETERY			23d. LOCATION (City, town, or county) (State) HOUSTON MO.				
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME ADDRESS UNION, MO.				25. DATE RECD. BY LOCAL REG. 1/17/58		26. REGISTRAR'S SIGNATURE <i>Faye Wilson</i>					

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JAN 20 1958

FEB 3 1958

MAR 27 1958

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 *Ralph Altman*.....

Licensed Embalmer No...*40*

P. O. Address *Union,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.