

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016974

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1198

| | | | | | | | |
|---|--|---|---|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Koch | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN University City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Robert Koch Hospital | | | Length of stay in 1b 2 years+ | d. STREET ADDRESS (If outside, give location) 6517 Crest (No Home) | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Robin Middle Roy Last Wilson | | | 4. DATE OF DEATH Month May Day 1 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 1-24-08 | 9. AGE (In years last birthday) 50 | | IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur | | | 10b. KIND OF BUSINESS OR INDUSTRY Cab Driver | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Frank Wilson | | | | 14. MOTHER'S MAIDEN NAME Agnes Goldie Markey | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Army - W.W. II | | 16. SOCIAL SECURITY NO. 551-05-7656 | | 17. INFORMANT Address Agnes Wilson 6517 Crest Ave. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Pulmonary Tuberculosis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 78 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Left pneumonectomy | | 002X | | 1 week ago | |
| | | DUE TO (c) Hem. thorax - post operatively. | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic alcoholism | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input 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.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from 4-17-56 , to 5-1-58 and last saw ^{her} him alive on 5-1-58 Death occurred at 10:40 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Elis S. Liping, M.D. (Degree or title) | | | | 22b. ADDRESS Robt. Koch Hosp., Koch, Mo. | | 22c. DATE SIGNED 5-2-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 5-5-58 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Missouri | | |
| 24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiament Ave. | | | | 25. DATE RECD. BY LOCAL REG. 5-2-58 | 26. REGISTRAR'S SIGNATURE Herbert B. Romke MD | | |

(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

Health, Welfare, Public Service

300 -56

4000

85.

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. *Alfred H. Boeder*
Licensed Embalmer No. *2*

P. O. Address *1125th*

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.