

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031122

STATE FILE NUMBER

FILED SEP 8 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7737

S. 300
1-57

All diseases in Part I must be causally related.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Carroll to Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer B. Philip DAA</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>83 Vandanter Place</i>
3. NAME OF DECEASED (Type or print) First <i>Eddie</i> Middle Last <i>Wilson</i>		4. DATE OF DEATH Month <i>8</i> Day <i>7</i> Year <i>58</i>	
5. SEX <i>male²</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-19-1926</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Labor</i>	11. BIRTHPLACE (City and state or country) <i>Cleveland Miss</i>
13a. FATHER'S NAME <i>Allen Wilson</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Owens</i>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>427-40-1735</i>	17. INFORMANT <i>Sarah Crawford</i> Address <i>2613 Madison</i>
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>Stab wound of Heart.</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>E 982x</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not leading to termination of life (e.g., <i>with knife in the hands of the partner</i>)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter cause of injury in PART I or PART II if same as above.) <i>with knife in the hands of the partner at # 83 Vandanter Place on August 7, 1958 about 111 am.</i>		
20c. TIME OF INJURY Hour <i>111</i> a.m. Month, Day, Year <i>8 7 58</i>	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.) <i>Street way.</i>	20f. CITY, TOWN, OR LOCATION <i>St Louis MO</i>
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <i>120, A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M Kelly</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>8-9-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>8-11-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	23d. LOCATION (City, town, or county) (State) <i>Berkeley MO</i>
24. FUNERAL DIRECTOR <i>Hi 11 + Radford</i> ADDRESS <i>1713 Broad</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 9 '58</i>	26. REGISTRAR'S SIGNATURE <i>J Carl Smith MO.</i>

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

Leroy W. Fannis

Licensed Embalmer No.

4523

P. O. Address

4251 Washington

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.