

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011908

STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 903

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MO</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fenton 4000</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>Yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>R.R. 1 Box 296</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Leonard Ulsyss Wilson</u>			4. DATE OF DEATH Month Day Year <u>4/3/59</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10/8/1913</u>		9. AGE (in years last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mc Donnell</u>		11. BIRTHPLACE (City and state or country) <u>Long Oakahoma</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Wilson</u>			
13b. MOTHER'S MAIDEN NAME <u>Anna De Voss</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Virginia Wilson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unk</u>		17. INFORMANT Address <u>Mary V. Wilson Fenton Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma of prostate and bladder</u>					INTERVAL BETWEEN ONSET AND DEATH <u>9 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1992</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>1992</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>July 15, 1958</u> to <u>7-3-59</u> and last saw him alive on <u>4-2-59</u> Death occurred at <u>6AM on 4-3-59</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Maximilian Bailes mo</u>		22b. ADDRESS <u>Mo Theatre Bldg 819 Thimms</u>		22c. DATE SIGNED <u>4-3-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4/3/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LOCAL</u>	
23d. LOCATION (City, town or county) <u>Fenton, Mo.</u>		23e. STATE <u>MO</u>			
24. FUNERAL DIRECTOR <u>Great Gray & Fitch</u>			25. DATE RECD. BY LOCAL REG. <u>4-3-59</u>		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 5 1958

APR 1 1960

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 *Clarence Billo*

Licensed Embalmer No. *4375*
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.