

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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 <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2219</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3130 Bull W.</i>		d. STREET ADDRESS (If rural, give location) <i>3130 Bull W.</i>		
3. NAME OF DECEASED (Type or Print) <i>WILMONT</i>		b. (Middle) <i>WILSON</i>		a. (Last) <i>WILSON</i>
4. DATE OF DEATH (Month) (Day) (Year) <i>0 30 51</i>		5. SEX <i>Male</i>		
6. COLOR OR RACE <i>Black Negro</i>		7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify)		8. DATE OF BIRTH <i>11 28 1885</i>
9. AGE (In years last birthday) <i>65 55</i>		9. AGE (In years) <i>65 55</i> If UNDER 1 YEAR: Months Days If UNDER 1 MTH: Hours Min.		
10a. USUAL OCCUPATION (City kind of work done during most of working life, give if retired) <i>Book Binder</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>U.S. Ky?</i>
12. GENDER OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>W. K.</i>		13b. MOTHER'S MAIDEN NAME <i>W. K.</i>
14. NAME OF HUSBAND OR WIFE <i>W. K.</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give dates of service) <i>W. K.</i>		16. SOCIAL SECURITY NO. <i>W. K.</i>
17. INFORMANT'S SIGNATURE OR NAME <i>T. O. Taylor</i>		ADDRESS <i>1300 Clark</i>		
18. CAUSE OF DEATH Enter only the cause per se, and (b), and (c) <i>Myocardial infarction</i>		MEDICAL CERTIFICATION		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>M. M. A.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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? <i>H201</i>
22. I hereby certify that I attended the deceased from <i>9 10 51</i> , to <i>9 10 51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>9 10 51</i> , 19 <i>51</i> , and that death occurred at <i>9 10 51</i> m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Walter P. Clark</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>7/20/51</i>
24a. BURIAL CEMETERY REMOVAL (Specify) <i>BRIARLU</i>		24b. DATE <i>7/20/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Potter's Field</i>
24d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Peoples FUNERAL Home</i>		
DATE REC'D BY LOCAL REG. <i>JUL 20 1951</i>		ADDRESS <i>3100 FRANKLIN</i>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

not Embalmed

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

24738/51

State of..... }
County of..... } ss.

State File No.....
Local Registrar's No. 6469

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth
for Wilmont Hines died June 30- 1951, 19....., in the State of
~~1900~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 7 should read Single

Instead of..... Unk

Item No. 8 should read 11-28-1896

Instead of..... Abt 1886

Item No. 9 should read Age 55

Instead of..... 65

Item No. 10a should read Laborer

Instead of..... Unk

Item No. 11 should read Louisville, Ky

Instead of..... Unk

Item No. 12 should read U.S.

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) x Affiant Edna Corover Relationship. Inf.

1300 Clark Ave

Present Address.

Subscribed and sworn to before me this 5 day of Sept., 1945

My Commission expires 3-4-53 Notary Public. Paul J. Padden

Affidavits containing erasures will not be accepted; draw one line through error and write above it.