

JURY

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021704

FILED VS JUN 13 1960

318

Primary Registration District No.

1003

Registrar's No.

5823

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3026 Lambdin		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
First CHARLES		Middle HENRY		Last WILSON		Month JUNE			
						Day 5			
						Year 1960			
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5/16/1878			
						9. AGE (last birthday) 82			
						IF UNDER 1 YEAR Months Days			
						IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner - retired			10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (City and state or country) Sparta, Illinois.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Alfred Wilson			13b. MOTHER'S MAIDEN NAME Unavailable			14. NAME OF HUSBAND OR WIFE Annie Wilson, dec' d			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Robert Wilson, 3026 Lambdin				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) PULMONARY INFARCTION, ACUTE							12-24 HOURS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)							3 WEEKS		
DUE TO (b) CEREBRAL VASCULAR ACCIDENT							25 YEARS		
DUE TO (c) ARTERIOSCLEROSIS							331x		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 Month, Day, Year 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 MAY 13, 1960 to JUNE 5, 1960 and last saw her/him alive on JUNE 5, 1960 Death occurred at 4:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>C. V. Vermillion, M.D.</i> (Degree or title)				22b. ADDRESS BARNES HOSPITAL				22c. DATE SIGNED 6/6/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/6/1960		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) Sparta, Illinois.			
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington				25. DATE RECD. BY LOCAL REG. JUN 6 1960		26. REGISTRAR'S SIGNATURE <i>Roan Smith, M.D.</i> <i>m JB</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

