

FILED VS JAN 9 1967 318

Primary Registration District No 1003

Registrar's No. 12274

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Missouri</i>		c. CITY OR TOWN <i>BRIDGETON</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>JEWISA HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>1215 S SUNNYCREST PLACE</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>BABY BOY WILSON</i>		4. DATE OF DEATH Month Day Year <i>12 - 10 - 60</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>W</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>12-10-60</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St. Louis, Missouri</i>
13a. FATHER'S NAME <i>PHILIP MORRELL WILSON</i>		13b. MOTHER'S MAIDEN NAME <i>JOAN ELAINE COHN</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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.	17. INFORMANT Address <i>BRIDGETON, Mo.</i> <i>JOAN WILSON, 1215 S SUNNYCREST PL.</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>Anoxia</i> DUE TO (b) <i>pulmonary hyaline membrane disease</i> DUE TO (c) <i>Pulmonary hyaline membrane disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>762.0</i>
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 <i>1:35 A</i> to <i>11:00 P</i> and last saw her him alive on <i>12-10-60</i> Death occurred at <i>11:00 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Marshall D. Guerman M.D.</i>		22b. ADDRESS <i>950 Francis Pl</i>	
22c. DATE SIGNED <i>12-14-60</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>DEC 31 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	
24. FUNERAL DIRECTOR <i>Rowland Mortuary Svc. 4104-05 Manchester</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 22 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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