

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4458

STATE FILE NUMBER

FILED MAY 19 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>10 yrs.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY		c. CITY OR TOWN <u>St. Louis</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 <u>1540 Hogan St.</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1540 Hogan St.</u>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Otto</u> Last <u>Wilkinson</u>			4. DATE OF DEATH Month <u>May</u> Day <u>9</u> Year <u>1961</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>4-7-1895</u>		9. AGE (last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grinder</u>			
10b. KIND OF BUSINESS OR INDUSTRY <u>Bodine Pattern Co.</u>				11. BIRTHPLACE (City and state or country) <u>Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U S A</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Josephine last name Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Mary Altie Wilkinson</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>yes</u>				17. INFORMANT Address <u>Mary A. Wilkinson 1540 Hogan St.</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>myocardial infarct</u> DUE TO (b) <u>arterio-sclerotic heart disease</u> DUE TO (c) <u>cerebral thrombosis &amp; left hemiparesis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>1 yr.</u> <u>1 yr.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>multiple decubital ulcers</u>								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 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>4200</u>							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year									
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 <u>October 3, 60</u> to <u>May 9, '61</u> and last saw him alive on <u>May 7, 1961</u> Death occurred at <u>1 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Do not sign for) <u>George A. O' Sullivan, M.D.</u>						22b. ADDRESS <u>7629 Ivory Ave</u>			22c. DATE SIGNED <u>5-9-61</u>		
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May 13, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>3901 Mt. Olive Rd. Lemay, Mo.</u>					
24. HEALTH DIRECTOR ADDRESS <u>C. Horneister Mortuaries 7814 S. Broadway</u>						25. DATE RECD. BY LOCAL REG. <u>MAY 11 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>			

**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 *Linus C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.