

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6397

STATE FILE NUMBER

FILED JUL 25 1961

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                 |  | Length of stay in 1b  | c. CITY OR TOWN <u>St. Louis</u>   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Jewish Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>5070 Washington</u>                |
|   |  |   | Reside on Farm.<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Irma</u> Middle <u>Ione</u> Last <u>Wilson</u> | 4. DATE OF DEATH<br>Month <u>July</u> Day <u>8</u> Year <u>1961</u> |
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|----------------------|-------------------------------|---|-----------------------------------|----------------------------------|--------------------------------|------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7/30/1902</u> | 9. AGE (last birthday) <u>58</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|----------------------|-------------------------------|---|-----------------------------------|----------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>At Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>Doniphan, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.</u> |
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| 13a. FATHER'S NAME<br><u>George Wilson</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Byrd</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Louis Fritch</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 17. INFORMANT Address<br><u>Nina Wilson, 5115a Delmar</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u> |
| DUE TO (b) _____   |  |   |
| DUE TO (c) _____   |  |   |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Carcinoma, metastatic, from pelvis</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><u>493+H</u> |
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|   |                        |
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| 20c. TIME OF INJURY<br>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 6/15/61 to 7/8/61 and last saw him alive on 7/7/61  
Death occurred at 7:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>Alven S. Wernubey, M.D.</u> | 22b. ADDRESS<br><u>8112 Delmar</u> | 22c. DATE SIGNED<br><u>7/9/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>7-11-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Matthews Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>St. Louis, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>Albert H. Hoppe, Inc., 4700 Washington Blvd.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>JUL 10 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Paul Smith, M.D.</u> |
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ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF  
 MEDICAL CERTIFICATION  
 DOCUMENT  
 INSTEAD OF  
 DATE AMENDED

SEP 29 1961

**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 Melvin J. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Wash  
St. Louis, Mo

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.