

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013733

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 952

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14019
24019

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Creve Coeur		Length of stay in lb 2 years	c. CITY OR TOWN Creve Coeur
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10859 Olive Street Road		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10859 Olive Street Road
3. NAME OF DECEASED (Type or print) First HUGH Middle W. Last WILSON		4. DATE OF DEATH Month March Day 21 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 19, 1880
9. AGE (last birthday) 81		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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Toronto, Canada
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN WILSON	
13b. MOTHER'S MAIDEN NAME NANCY		14. NAME OF HUSBAND OR WIFE Ida Ann Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Ida Wilson, 10859 Olive Street Road
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) cardiovascular dis.			
DUE TO (c)			
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 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.)	
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 3/19/62 to 3/21/62 and last saw her/him alive on 3/21/62		Death occurred at 11:07 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Clarence L. Clark MD		(Degree or title)	22b. ADDRESS 550 New Ballast Rd
22c. DATE SIGNED 3/22/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 24, 1962	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) Bellefontaine, Missouri
24. FUNERAL DIRECTOR Kriegshauser West, 9450 Olive Blvd.		25. DATE RECD. BY LOCAL REG. 3-22-62	26. REGISTRAR'S SIGNATURE John B. Murphy MD

USE BLACK INK OR TYPEWRITER RIBBON

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 R.W. Stoverson

Licensed Embalmer No. 4007

P. O. Address 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.