

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017409

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4243**

STATE FILE NUMBER

**FILED MAY 1 1962**

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>D. O. A.</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		d. STREET ADDRESS (If outside, give location) <i>4222 E. Finney</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Maurice M. Wilson</i>		4. DATE OF DEATH Month Day Year <i>5 April 21, 1962</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-14-1892</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>
13a. FATHER'S NAME <i>Sam Wilson</i>		13b. MOTHER'S MAIDEN NAME <i>Hussemann's Refrigeration CO.</i>	14. NAME OF HUSBAND OR WIFE <i>Genevieve Wilson</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes War I</i>		17. INFORMANT <i>Genevieve Wilson 4222 E. Finney</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Left Basilar Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>A.S.H.D &amp; Decongeniation</i>		<i>14 days</i>	
DUE TO (c) <i>4200</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 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 <i>4-11-62</i> to <i>4-21-62</i> and last saw her/him alive on <i>4-21-62</i> Death occurred at <i>4-21-62 7:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>James M. Abritio, M.D.</i>		22b. ADDRESS <i>2715 N. Union</i>	22c. DATE SIGNED <i>4-23-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4-27-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Jefferson Bks. Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>A.B. Koenig 1221 N. Grand</i>		25. DATE RECD. BY LOCAL REG. <i>APR 24 1962</i>	26. REGISTRAR'S SIGNATURE <i>Neal Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI  
DEPARTMENT OF HEALTH

**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 Oliver E. Crumble, Student Embalmer No. 642

working under my personal supervision.

Student Oliver E. Crumble  
Signature of Student Embalmer

Signed Melvin Blair

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Ave

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.