

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036890

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9187**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED OCT 3 1962**

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b  | c. CITY OR TOWN <b>St. Louis</b><br><b>424 Lake Ave.</b>                          |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>City Hospital</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>424 Lake Ave.</b>             |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Marjorie G Wilson</b>   |   | First Middle Last   | 4. DATE OF DEATH<br>Month Day Year<br><b>Sept. 22, 1962</b>                       |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6/30/1910</b>  |
| 9. AGE (last birthday)<br><b>52</b>  |   | IF UNDER 1 YEAR<br>Months Days Hours Min.   | IF UNDER 24 HR  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Secretary</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Amer. Life Insurance</b>  | 11. BIRTHPLACE (City and state or country)<br><b>New York City, N.Y.</b>          |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>Jules C. George</b>  | 13b. MOTHER'S MAIDEN NAME<br><b>Edith Parks</b>                                   |
| 14. NAME OF HUSBAND OR WIFE<br><b>late, Charles Wilson</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                    | 16. SOCIAL SECURITY NO.   |
| 17. INFORMANT<br><b>J.C. George 8231 Buchanan Vinita Park, Mo.</b>   |   | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Fracture of skull</b><br>DUE TO (b) <b>subdural hemorrhage</b><br>DUE TO <b>slipped in face down stairs in home 9/10/62</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>900-0-21</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT SUICIDE HOMICIDE<br><b>A</b> <input type="checkbox"/> <input type="checkbox"/>                      | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>See above</b>  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><b>9-10-62</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b>  |   | 20f. CITY, TOWN, OR LOCATION<br><b>St Louis, Mo</b>   | COUNTY STATE  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>230 A</b> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE<br><i>[Signature]</i>   |   | (Degree or title)   | 22b. ADDRESS<br><b>1300 Clark</b>   |
| 22c. DATE SIGNED<br><b>9-24-62</b>   |   |   |   |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><b>cremation</b>   | 23b. DATE<br><b>9/25/62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Lupton Chapel Inc. 7233 Delmar Blv'd.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 24 1962</b>  | REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>                                  |

USE BLACK INK OR TYPEWRITER RIBBON

Take to Coroner office  
Monday and have this OKed.

Vise City.

*Margie Wilson*

**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 *Clarence A. Murray*

Licensed Embalmer No. 4011  
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.