MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014488

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1148

FILED APR 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4002
2 400X2
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in Tb: 1/2 Hour
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Louis County Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Overland
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2219 Wismer Ave.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ray Middle: Harrison Last: Wilson
4. DATE OF DEATH: Month: April Day: 2 Year: 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-27-1888
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: T. R.R.
11. BIRTHPLACE (City and state or country): Maries County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas A. Wilson
13b. MOTHER'S MAIDEN NAME: Nancy J. Kinner
14. NAME OF HUSBAND OR WIFE: Opal M. Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of se: None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Opal M. Wilson-2719 Wismer Ave. (14)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary
INTERVAL BETWEEN ONSET AND DEATH: Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 to and last saw her/him alive on
Death occurred at 11:02 P.M. am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Raymond Hard (Degree or title): Coroner
22b. ADDRESS: Clayton, Missouri
22c. DATE SIGNED: 4/8/63
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal-auto
23b. DATE: 4-6-1963
23c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery
23d. LOCATION (City, town, or county) (State): Dixon, Missouri
24. FUNERAL DIRECTOR: Baumann Bros. Inc. ADDRESS: 2504 Woodson Rd., Overland 14, Mo.
25. DATE RECD. BY LOCAL REG.: 4-4-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed David E. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 3454

P. O. Address St L. 14 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.