

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5667-63-022429  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5667

FILED JUN 7 1963

VS 300  
Rev. 4/59

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DATE AMENDED

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 St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b \_\_\_\_\_ c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital # 1 Inside Limits Yes  No  d. STREET ADDRESS (if outside, give location) 1313 (Pearl) Carr Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT LEE WILSON 4. DATE OF DEATH Month Day Year 4 - 22 - 63

5. SEX MALE 6. COLOR OR RACE COLORED 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH UNK. 9. AGE (last birthday) 54 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) NONE 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) ALABAMA 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of \_\_\_\_\_) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT Address HELEN L. TAYLOR, CORONER - 1300 CLARK

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural hemorrhage subsequent to INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) FRACTURED SKULL, SUFFERED IN ALTERCATION IN ALLEY IN DUE TO (c) PEARL OF 1315 CARR ST. WITH ONE SAM GLASPER APRIL 20, 1963

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OPEN VERDICT 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.) OPEN VERDICT (SEE ABOVE)

20c. TIME OF INJURY Hour Month, Day, Year s.m. p.m. 4-20-63 904.8-45

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.) ALLEY 25 20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Missouri

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_ Death occurred at 11:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave. 22c. DATE SIGNED 5/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify) 5-31-63 23b. DATE 5-31-63 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Carlen, 4106 Manchester 25. DATE RECD. BY LOCAL REG. MAY 29 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.