FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4091

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 0065

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gardenville
d. STREET ADDRESS (If rural, give location): 5305 Staley

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3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): O
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): Jan 8, 1953

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 18, 1878
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Bowling Alley
11. BIRTHPLACE (City and State or Foreign Country): Tipton, Ind.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph V Wilson
13b. MOTHER'S MAIDEN NAME: Belle Graul
14. NAME OF HUSBAND OR WIFE: Threasa Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-03-6538
17. INFORMANT'S SIGNATURE OR NAME: Threasa Wilson
ADDRESS: 5305 Staley

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) H & A & CVD — 20 months
DUE TO (c) Causes unknown — 2 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: H.4.3X.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4, 1953, *to* 1-8, 1953, *that I last saw the deceased alive on* 1-8, 1953, *and that death occurred at* 6:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Nichols MD.
23b. ADDRESS: 6018 Brentwood Clayton
23c. DATE SIGNED: 1-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/12/53
24c. NAME OF CEMETERY OR CREMATORY: Assumption Cemetery
24d. LOCATION (City, town, or county) (State): Mattese, Mo.

DATE REC'D BY LOCAL REG.: 1-9-53
REGISTRAR'S SIGNATURE: Herbert R. Domke-Nels (pat.)
25. FUNERAL DIRECTOR'S SIGNATURE: J L Ziegenhein & Sons
ADDRESS: 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed Neville B. Grohwetter

Licensed Embalmer No. 3696

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. 4091

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 0065

On this 23 day of January, 1953 before me appears Dr. Nichols attending physician, who, upon his oath, states that the original record of ~~birth~~ death for Charles O. Wilson, ~~born~~ died 8 January, 1953, in the State of Missouri, and which was filed at St. Louis County on 9 Jan, 1953, should be corrected as follows:

Item No. 18 I b should read H + AS & VD 20 months

Instead of 20 years

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Charles E. Nichols M.D.
Relationship.

601 S. Brentwood Clayton 5, Mo
Present Address.

Subscribed and sworn to before me this 23 day of Jan, 1953

My Commission expires April 28, 1956

Ellen E. Curtin
Notary Public.

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