

|  |                           |   |  |   |   |  |  |
|--|---------------------------|---|--|---|---|--|--|
| BIRTH NO. _____  |                           | REG. DIST. NO. <u>319</u>   |  | PRIMARY REG. DIST. NO. <u>548</u>   |   | Registrar's No. <u>1105</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |                           |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>   |                           |   | c. LENGTH OF STAY (In this place) <u>2 Yrs</u>         |   | c. CITY OR TOWN <u>Webster Groves</u>   |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>200 Edgar Rd.</u>  |                           |   |  | e. STREET ADDRESS (If rural, give location) <u>200 Edgar Rd.</u>  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>CHARLES</u> b. (Middle) <u>WILCOX</u> c. (Last) _____   |                           |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-1954</u> |   |   |  |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>7-8-1879</u>                       | 9. AGE (In years last birthday) <u>74</u>   | If UNDER 1 YEAR Months _____ Days _____ | If UNDER 10 HRS. Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy Michigan</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Samuel Wilcox</u>  |                           | 13b. MOTHER'S MAIDEN NAME <u>Anne Edwards</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Dorothy Wilcox</u>   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |                           | 16. SOCIAL SECURITY NO. <u>491-16-9734</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grayce Stephan 200 Edgar Rd.</u>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                        |                           |   |  | MEDICAL CERTIFICATION   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>   |                           |   |  | <u>3 mo</u>   |   |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Myocardial degeneration</u>   |                           |   |  | <u>3 yrs.</u>   |   |  |  |
| DUE TO (c) <u>Massive abdominal post-operative hernia</u>  |                           |   |  | <u>12 yrs.</u>  |   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                           |   |  |   |   |  |  |
| 19a. DATE OF OPERATION <u>1942</u>   |                           | 19b. MAJOR FINDINGS OF OPERATION <u>Abdominal Hernia due to trauma</u>  |  | 4201  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 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) <u>Jan 1940 m.</u>   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Weight drill on abdomen for many years leading to hernia</u>  |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 1948</u> , to <u>May 10, 1954</u> , that I last saw the deceased alive on <u>5-8-1954</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above. |                           |   |  |   |   |  |  |
| 23a. SIGNATURE (Degree or title) <u>Alma J. Clark M.D.</u>   |                           |   |  | 23b. ADDRESS <u>9621 S. Galena St.</u>  |   | 23c. DATE SIGNED <u>5-11-54</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>   |                           | 24b. DATE <u>5-13-1954</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>               |  |
| DATE REC'D BY LOCAL REG. <u>5/11/54</u>  |                           | REGISTRAR'S SIGNATURE <u>Alma J. Clark</u>  |  | FUNERAL DIRECTOR'S SIGNATURE <u>Alma J. Clark</u>   |   | ADDRESS <u>7 Home Webster Groves Mo.</u>   |  |

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.....  
Signature of Student Embalmer

Signed *Leslie Holch*.....

Licensed Embalmer No. *43*.....

P. O. Address *Holcher St.*.....

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.