URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=021706

STATE FILE NUMBER

FILED WS JUN 6 1960

Registrar's District No. 318 Primary Registration District No. 1003 Registrar's No. 5343

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b: 33 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: I416, A. BELT AVE — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST LOUIS — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): I416, A. BELT AVE. — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First KATE Middle Last WILSON
4. DATE OF DEATH: Month 5 Day 20 Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: COL.
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 3-1-1863
9. AGE (last birthday): 97 — IF UNDER 1 YEAR: Months 2 Days 20 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTICTS
11. BIRTHPLACE (City and state or country): COLUMBUS MISSISSIPPI
12. CITIZEN OF WHAT COUNTRY: U. S. A
13a. FATHER'S NAME: ? BAILEY
13b. MOTHER'S MAIDEN NAME: MAHALDA COVERINGTON
14. NAME OF HUSBAND OR WIFE: GEORGE WILSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Beath Williams Address: 5075, VERNON AVE.

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): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1
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 5-5-60 to 5-20-60 and last saw her alive on 5-19-60
Death occurred at 6:10 A. 6:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Rhondel S. Mason (Degree or title) M.D.
22b. ADDRESS: 3861 St. Louis Ave. 3861 ST, Louis Ave; ST, Louis, Mo
22c. DATE SIGNED: 5-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 5 - 26 - 60
23c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LOUIS. " " MISSOURI

24. FUNERAL DIRECTOR: John H. Houston ADDRESS: 2812, THOMAS
25. DATE RECD. BY LOCAL REG.: MAY 23 1960
26. REGISTRAR'S SIGNATURE: Pearl Smith, M.D. MB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 1444

P. O. Address 2812 Chom

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.