

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1960

-60-033091

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7864** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5064 Delmar			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5064 Delmar			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Evelyn Middle Elizabeth Last Wilson			4. DATE OF DEATH Month August Day 7 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/17/1911	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Grayville, Illinois.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Jordan		13b. MOTHER'S MAIDEN NAME Edna Butler		14. NAME OF HUSBAND OR WIFE John W. Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 329-10-1318		17. INFORMANT Address John W. Wilson, 5064 Delmar, Blvd.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition pelvic evisceration with colostomy DUE TO (b) Pelvic evisceration & colostomy epidermoid carcinoma of cervix DUE TO (c) Epidermoid Carcinoma of Cervix						INTERVAL BETWEEN ONSET AND DEATH 8 mos 22 mos 22 mos.	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown 17/x	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 17/x					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
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 July 1960 to August 4, '60 and last saw her ^{her} alive on Aug. 4, '60 Death occurred at 10 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank L. Coyle Frank L. Coyle, M.D.			22b. ADDRESS 1325 S. Grand 1325 So. Grand Blvd			22c. DATE SIGNED 8/9/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-10-60	23c. NAME OF CEMETERY OR CREMATORY Grayville Cemetery		23d. LOCATION (City, town, or county) Grayville, Illinois.			
24. FUNERAL DIRECTOR Albert H. Hoppe Inc., 4700 Washington, Blvd.				25. DATE RECD. BY LOCAL REG. AUG 9 1960		26. REGISTRAR'S SIGNATURE Lead Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin P. Henry

Licensed Embalmer No. 405

P. O. Address La Brea

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.