RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 19 1960

Registrar's District No. 318 Primary Registration District No. 1003 Registrar's No. 9695

60-040383
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3699 A. Olive — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3699 A. Olive — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: George Middle: L. Last: Wilson
4. DATE OF DEATH: Month: Oct Day: 4 Year: 1960
5. SEX: M
6. COLOR OR RACE: Wh.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-20-1910
9. AGE (last birthday): 50
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): Shoe Maker
10b. KIND OF BUSINESS OR INDUSTRY: Easton Boot & Shoe.
11. BIRTHPLACE (City and state or country): Washington County Me. USA.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Albert Wilson
13b. MOTHER'S MAIDEN NAME: Mary Little
14. NAME OF HUSBAND OR WIFE: Myrtle 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.: 496-14-9925
17. INFORMANT: Dave Wilson, 222 Sidney – St Louis Mo

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): Coronary Occlusion with infarcation of the left ventricle
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.1
INTERVAL BETWEEN ONSET AND DEATH:
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

BY AFFIDAVIT OF

21. I attended the deceased from _____ to 5-4-60 and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul Simon Dep Coroner
22b. ADDRESS: 1300 Clark Ave.
22c. DATE SIGNED: 10-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-7-60
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hills Cemetery
23d. LOCATION (City, town, or county) (State): Potosi, Mo.
24. FUNERAL DIRECTOR AND ADDRESS: Sparks F.H. Potosi, Mo.
25. DATE RECD. BY LOCAL REG.: OCT 6 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

OCT 20 1967

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald Spar

Signature of Student Embalmer

Licensed Embalmer No. 481

P. O. Address Potosi,

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