

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY-AFFIDAVIT OF

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br>St. Louis   |   | Length of stay in 1b  | c. CITY OR TOWN<br>St. Louis   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br>Homer G. Phillips   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br>1469 Shawmut  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Leroy Simms Wilson  |   |   | 4. DATE OF DEATH<br>Month Day Year<br>1 11 61  |  |  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>Negro   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>1-11-61  | 9. AGE (last birthday)   | IF UNDER 1 YEAR<br>Months Days<br>5 35                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br>Saint Louis, Missouri  | 12. CITIZEN OF WHAT COUNTRY<br>USA   |
| 13a. FATHER'S NAME<br>Louis Wilson  |   | 13b. MOTHER'S MAIDEN NAME<br>Louise Lindsey   |  | 14. NAME OF HUSBAND OR WIFE  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |   | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br>Address<br>2601 N. Whittier   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Premature birth, Neonatal death   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) 773.5  |   |   |  |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>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<br>7   | COUNTY   | STATE  |  |
| 21. I attended the deceased from 1-11-61 to 1-11-61 and last saw him alive on 1-11-61<br>Death occurred at 9:15 a. m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |  |
| 22a. SIGNATURE<br><i>Rowland Mortuary Svc.</i> , M.D.   |   |   | 22b. ADDRESS<br>2601 N. Whittier   |  | 22c. DATE SIGNED<br>1-13-61  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br>1-31-61  | 23c. NAME OF CEMETERY OR CREMATORY<br>Anatomical Board  |  | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo.  |  |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br>Rowland Mortuary Svc. 4104-06 Manchester   |   |   | 25. DATE RECD. BY LOCAL REG.<br>JAN 19 1961  |  | 26. REGISTRAR'S SIGNATURE<br><i>Rowland Mortuary Svc.</i>                  |

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.