

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Mo.	b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		c. CITY OR TOWN Webster Groves	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 709 Landscape Ave.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDWARD Middle LEE Last WILSON			4. DATE OF DEATH Month Apr. Day 27 Year 1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4-3-89	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Terminal R. R.		11. BIRTHPLACE (City and state or country) Greenville, S. Car.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Wilson		13b. MOTHER'S MAIDEN NAME Addie Hooper	
14. NAME OF HUSBAND OR WIFE		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. None	
17. INFORMANT Wm. C. Rendo, 709 Landscape		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 30 days
IMMEDIATE CAUSE (a) CARCINOMATOSIS			
DUE TO (b) CARCINOMA OF RT KIDNEY			1958
DUE TO (c) 180x			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RVD Nitral Stevusis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour 8:30 A a.m. p.m.	Month, Day, Year
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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 Kirkwood, Mo.	COUNTY	STATE
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21. I attended the deceased from **May 7 1945** to **April 27 1961** and last saw her/him alive on **April 26 61**
Death occurred at **8:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ray David Wellheim M.D.	(Degree or title)	22b. ADDRESS 11440 Taylor St. Union 8 Mo 27461	22c. DATE SIGNED 27/4/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-29-61	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) Kirkwood, Mo.
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24. FUNERAL DIRECTOR Parker-Aldrich, Webster Groves	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 27 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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

Student _____
Signature of Student Embalmer

Signed

Louie Welch

Licensed Embalmer No. 4395

P. O. Address Wabster Grove

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.