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-61-015771

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER

FILED MAY 1 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 mos. 23 days	c. CITY OR TOWN Murphysboro,
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2131 Edith St.,
3. NAME OF DECEASED (Type or print) First Harry Middle Curtis Last Wilson			4. DATE OF DEATH Month April Day 23, Year 1961.
5. SEX Male	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 July 20, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (last birthday) 76 yrs.
11. BIRTHPLACE (City and state or country) Jonesboro, Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME DANIEL WILSON		13b. MOTHER'S MAIDEN NAME NOT KNOWN	14. NAME OF HUSBAND OR WIFE Ruth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		17. INFORMANT Ruth Wilson Address Murphysboro, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA - INTRA-ABD - GENERAL PRIMARY NOT DETERMINED.			INTERVAL BETWEEN ONSET AND DEATH 7 MOS -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 199.2			
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 type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ 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 Feb. 5, 1961 to April 23, 1961		and last saw him alive on April 23, 1961	
Death occurred at 9:10 P.M., m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wenzel M. D.		22b. ADDRESS 1755 South Grand Blvd.,	22c. DATE SIGNED 24 April 1961
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-26-61	23c. NAME OF CEMETERY OR CREMATORY TOWER GROVE	23d. LOCATION (City, town, or county) (State) MURPHYSBORO, ILL.
24. FUNERAL DIRECTOR ADDRESS Meyer-Denny Funeral Home - Murphysboro, Ill.		25. DATE RECD. BY LOCAL REG. APR 25 1961	26. REGISTRAR'S SIGNATURE W. Smith, M.D.

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 Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kaulz

Licensed Embalmer No. 7541

P. O. Address E. H. Lauer

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.