

AMENDED FILED NOV 8 1961

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                    |  | Length of stay in 1b   | c. CITY OR TOWN <u>St. Louis</u>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Stone Nursing Home</u> |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>3924 Folsom Avenue</u> |
|  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|  |                                  |   |  |   |  |
|--|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Fred</u> Middle <u>Wilson</u> Last                                       |                                  |   | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>23</u> Year <u>1961</u> |   |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>6-13-78</u>                                   | 9. AGE (last birthday)<br><u>83</u>                     | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Maintenance Worker</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Sash and Door</u>   | 11. BIRTHPLACE (City and state or country)<br><u>England</u>         | 12. CITIZEN OF WHAT COUNTRY<br><u>United States</u>     |  |
| 13a. FATHER'S NAME<br><u>Joseph Wilson</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Dont Know</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Margaret Elmerick</u> |  |

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

INFORMANT Address  
Marageret Wilson 3924 Folsom

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:

|  |   |
|--|---|
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u> |
| DUE TO (b) <u>Cerebral Hemorrhage</u>          | <u>2 mo</u>                                       |
| DUE TO (c) <u>4201</u>                         |   |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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?<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 COUNTY STATE  |

21. I attended the deceased from Feb 20 1959 to Oct 12-61 and last saw her him live on Oct 19-61  
 Death occurred at 11 Am on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                   |                                     |
|---|-----------------------------------|-------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>H W Shackelford M.D.</u> | 22b. ADDRESS<br><u>3903 Olive</u> | 22c. DATE SIGNED<br><u>10/24/61</u> |
|---|-----------------------------------|-------------------------------------|

|  |                              |  |  |
|--|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>10-26-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>SS Peter and Paul</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Missouri</u> |
|--|------------------------------|--|--|

|  |  |  |
|--|--|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Thomas J. Finan 1519 S/ Grand</u> | 25. DATE RECD. BY LOCAL REG.<br><u>OCT 25 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith. M.D.</u> |
|--|--|--|

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 Elton H. Remelius

Licensed Embalmer No. 42, 83

P. O. Address St. Louis, Mo.

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.