

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-033038

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8063 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2 HRS
 Length of stay in 1b 2 HRS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FAITH HOSPITAL
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO. b. COUNTY ST. CHARLES
 c. CITY OR TOWN DEFIANCE Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) RT. 1 Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
DAVE WILSON
 (Type or print)
4. DATE OF DEATH Month Day Year
AUG. 18 1962

5. SEX M. **6. COLOR OR RACE** W. **7. Married** Never Married
 Widowed Divorced

8. DATE OF BIRTH MARCH 5, 1897 **9. AGE (last birthday)** 65
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCER
10b. KIND OF BUSINESS OR INDUSTRY FOOD **11. BIRTHPLACE** (City and state or country) LINN, MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME WILLIAM F. WILSON **13b. MOTHER'S MAIDEN NAME** BLANCHE CURLEY
14. NAME OF HUSBAND OR WIFE DROTHY BROWN WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. I
16. SOCIAL SECURITY NO. [REDACTED] **17. INFORMANT** Dorothy Brown Wilson, Defiance, Mo.
 Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary occlusion
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic Heart Disease
 DUE TO (c) 420.0
 INTERVAL BETWEEN ONSET AND DEATH 5 hrs.
years

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 N- 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

21. I attended the deceased from Dec 1957 to present and last saw him live on Aug 18, 1962
 Death occurred at 8:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.A. Cassel M.D. **22b. ADDRESS** 3400 N. Kingshighway **22c. DATE SIGNED** 8/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **23b. DATE** 21 AUG 1962 **23c. NAME OF CEMETERY OR CREMATORY** OAK GROVE CEMETERY **23d. LOCATION** (City, town, or county) ST. CHARLES MO (State)

24. FUNERAL DIRECTOR PRINSTER-BAUG F.H. INC. ST. CHARLES, MO **25. DATE RECD. BY LOCAL REG.** AUG 20 1962 **26. REGISTRAR'S SIGNATURE** Loan Smith. M.D.

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS AUG 31 1962

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. *not embalmed in St. Louis*

Student _____
Signature of Student Embalmer

Signed *Frederic M. Bane*

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.