MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-045091
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11790

FILED DEC 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED 0 2 — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2219 University St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Denise — Middle: Marie — Last: Wilson
4. DATE OF DEATH: Month 12 - Day 7 - Year 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-7-62
9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 1 Min. 9
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): St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Dennis Clay Wilson
13b. MOTHER'S MAIDEN NAME: Marie Antoinette Kowalski
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)
16. SOCIAL SECURITY NO.: -
17. INFORMANT: Marie Wilson — Address: 2219 University St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ~~[illegible]~~ Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 776X
INTERVAL BETWEEN ONSET AND DEATH

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? 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. 7, 1962, to Dec. 7, 1962 and last saw her ~~him~~ alive on Dec. 7, 1962
Death occurred at 8:15 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert J. Hudson, M.D.
22b. ADDRESS: 3532 Gravois Ave
22c. DATE SIGNED: 12/8/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-10-1962
23c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR — ADDRESS: Beiderwieden F.H.Inc. 1936 St.Louis Ave.
25. DATE RECD. BY LOCAL REG.: DEC 10 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Not Embalmed D. N. Eiker

Signature of Student Embalmer

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.