

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050431

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3818 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | | | |
|---|---|---|--|--|--|
| FILED JAN 3 1964 | | 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u> | | Length of stay in 1b | | c. CITY OR TOWN <u>Normandy</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) <u>3945 Canterbury Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Forrest</u> Middle <u>Gilbert</u> Last <u>Wilson</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>15</u> Year <u>1963</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-15-1911</u> | 9. AGE (last birthday) <u>52</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Mgr. Parts and accessories</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner Electric Co.</u> | | 11. BIRTHPLACE (City and state or country) <u>Dallas, Texas</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Frank G. Wilson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Wenonah Sutherland</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Rosa Mae Wilson</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT Address <u>Rosa Mae Wilson, 3945 Canterbury Dr.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Viral Infection</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| 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. | 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 <u>4/7/61</u> to <u>12/15/63</u> and last saw ^{her} him alive on <u>12/14/63</u> Death occurred at <u>8:50</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Jack Zuelchen, M.D.</u> | | | 22b. ADDRESS <u>150 N. Meramec, St. Louis 5, Mo.</u> | | 22c. DATE SIGNED <u>12/16/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>12-17-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>LOCAL</u> | | 23d. LOCATION (City, town, or county) (State) <u>San Francisco, California</u> | |
| 24. FUNERAL DIRECTOR <u>Lupton Chapel, St. Louis, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-16-63</u> | | 26. REGISTRAR'S SIGNATURE <u>John B. Mumfley, M.D.</u> | |

Dr. Zuckner
150 N. Meramec
Pa. 58213
8:45 am

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.