

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017407

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **4104**

DO NOT WRITE ON THIS STUB

AMENDED

| | | | | | |
|---|--|--|--|---|--|
| FILED MAY 1 1962 | | 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Length of stay in 1b -- | | c. CITY OR TOWN Richmond Heights Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) #2 Chafford Woods Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last GENEVIEVE MEDORA WILSON | | | 4. DATE OF DEATH Month Day Year APRIL 18 1962 | | |
| 5. SEX Female | 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 28 1915 | 9. AGE (last birthday) 46 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Firmin Cunningham | | 13b. MOTHER'S MAIDEN NAME Maude Callahan | |
| 14. NAME OF HUSBAND OR WIFE Sydney L. Wilson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Richmond Heights (17) Mo. Sydney L. Wilson, #2 Chafford Woods | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WIDESPREAD CARCINOMATOSIS, PRIMARY RIGHT BREAST DUE TO (b) _____ DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 SEPT. 14, 1950 to APRIL 18, 1962 and last saw her/him alive on APRIL 18, 1962 Death occurred at 10:45 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>C. D. V. Smith, M.D.</i> (Degree or title) M.D. | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 4/19/62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE April 20, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| 24. FUNERAL DIRECTOR C.R. LUPTON & SONS, 7233 Delmar, St. Louis | | | ADDRESS (30) Mo. | 25. DATE RECD. BY LOCAL REG. APR 20 1962 | 26. REGISTRAR'S SIGNATURE <i>Lead Smith, M.D.</i> |

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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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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H-0053A

Wilson
Lejovic on
Chico City

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.