

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14152

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Pro. Baptist Sanitarium) St. 11 Ward.....  
 Registered No. 3484

**2. FULL NAME**

Rev. Levy Wiley  
 (a) Residence, No. 940 N. Taylor St. 11 Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Jane Wiley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 22, 1849</u>		
7. AGE	YEARS	MONTHS
	<u>82</u>	<u>3</u>
		DAYS
		<u>16</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Evansville, Ind. 2</u>	
	13. NAME <u>Joseph Wiley</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
	15. MAIDEN NAME <u>Mrs. M. Donald</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT <u>Mrs. Jane Wiley</u> (ADDRESS) <u>4407 Anderson Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baldwin, Ind.</u> DATE <u>Apr. 14, 1932</u>		
19. UNDERTAKER <u>Decker-Wiedner Funeral Home Inc.</u> (ADDRESS) <u>1830 St. Louis Ave.</u>		
20. FILED <u>APR 29 1932</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932 to April 8, 1932  
 I last saw him alive on Apr. 8, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
B. Pneumonia (R. Chest) Date of onset Death  
Coroncho  
926  
1090  
93  
 Other contributory causes of importance:  
Chronic Hypertension with several years.  
Generalized Arteriosclerosis

Name of operation..... Date of.....  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?.....  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) Frank C. Miller, M. D.  
 (Address) 453 N. Taylor

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD THIS IS A PERMANENT RECORD

Registrar

J. S. Powell 453 G. St. N. W.