Recd DEC 12

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

791

37209
Do not use this space.

1. PLACE OF DEATH

(a) County ..... (2) Registration District No. 1003

(b) Township ..... (1) Primary Registration District No. ..... Registered No. 9536

(c) City St. Louis, Mo. (d) Street No. 4732 A. Maffitt St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (for) Lula Wiley

(a) Residence, No. 4732 A. Maffitt St. 6 ~~Poynor, Missouri~~

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Denner L. Wiley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 28/ 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
52	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1938

11. Total time (years) spent in this occupation 25yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps County Missouri

FATHER

13. NAME Christian H. Ousley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER

15. MAIDEN NAME Viola Yelton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Mr. D. L. Wiley 4732 A. Maffitt, Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Doniphan, Missouri DATE Nov. 3/ 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 4700 Washington Blvd.

20. FILED NOV 2 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31/ 1938

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1938, to October 31, 1938

I last saw he alive on October 31, 1938. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset Oct. 28

Other contributory causes of importance: Arterio Sclerosis and Chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. & 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) Chester A. Poe, M. D.

(Address) 1506 Hodiamont

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed J. J. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.