S. No. 2
DM—5-42
v. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39505

State File No. 39505

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10475

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 327 days (specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Saline
(c) City or town Eldorado
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

499 / NR

3. (a) PRINT FULL NAME Virginia Eleanor Wise

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife S. D. Wise

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. 1st (Month) 1892 (Day) (Year)

8. AGE: Years 50 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Eldorado, Ill. (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Silas Whitley
13. Birthplace Saline County, Ill. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Emma Gates
15. Birthplace Saline County, Ill. (City, town, or county) / (State or foreign country)

16. (a) Informant S. D. Wise
(b) Address Eldorado, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado, Ill.

18. (a) Signature of funeral director Albert H. Koppe Inc.
Address 4700 Washington Blvd.

19. (a) Date received DEC 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1942 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 22, 1942, to December 15, 1942 that I last saw h. alive on December 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma of Liver, Spleen, and bones (generalized)	5 yrs.
Due to Carcinoma of Breast	10 yrs.
Due to	
Other conditions Malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Breast (removed 9 yrs. ago)
Of autopsy Metastatic carcinoma of Liver, Spleen, bones

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. C. Tompkins (M. D. or other)
Address BARNES HOSPITAL Date signed 12/15

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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 this body is not embalmed, fact should be so stated above.