

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25877

State File No. _____

FILED JUL 22 1946
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5819**

1. PLACE OF DEATH:
(e) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
221a St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Baby Wiseman
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 29th. 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation none

MOTHER FATHER
11. Industry or business _____
12. Name Ervin Wiseman
13. Birthplace Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Rodgers
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ervin Wiseman
(b) Address 221a St. Louis Ave.
Burial
17. (a) (Burial, cremation, or removal) Valhalla Cemetery (b) Date thereof 7-2-46
(Month) (Day) (Year)
(c) Place: burial or cremation Hy. Leidner U. Co.
18. (a) Signature of funeral director J. J. Bredeck
(b) Address 2223 St. Louis Ave.
19. (a) JUL 2 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 221a St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st
year 1946 hour 3 minutes 45 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration _____
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Alfred Perry (M. D. or other) _____
Address Alfred Perry Date signed 7/2/46

(Licensed Embalmer's Statement on Reverse Side)

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

24723

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..... *Not Embalmed*

Licensed Embalmer No.....

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.