

No. 300
-10-47
5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

28346

State File No.

FILED AUG 23 1948

Registration District No. **318**

Primary Registration District No. **100's**

Registrar's No. **7060**

1. PLACE OF DEATH:

(a) 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: Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town Vergennes
(If outside city or town limits, write "RURAL")
(d) Street No. NR (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lela Lorell Wisely

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 Earl 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Nov 29 1913
(Month) (Day) (Year)

8. AGE: Years 34 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Jefferson County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Walter Stewart

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Wisely

(b) Address Vergennes see

17. (a) Removal (b) Date thereof 8-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vergennes Ill

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 104 Manchester Ave

19. (a) AUG 11 1948 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month August day 10
year 1948 hour 12 minute 50 PM.

21. I hereby certify that I attended the deceased from July 24, 1948 19____ to August 10, 1948 19____
that I last saw her alive on August 10, 1948 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

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)
(e) Means of injury _____

23. Signature J. R. Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 8/10/48

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

SA
JUN 23 1959
4160

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.....

Licensed Embalmer No..... 4343

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