

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17535
4581 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 1</i>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 1</i>	
3. NAME OF DECEASED (Type or Print) <i>Wiley</i>		d. STREET ADDRESS (If rural, give location) <i>192803 Clarkson Pl</i>	
a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>May 22 1949</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-23-1893</i>
9. AGE (In years last birthday) <i>55</i>		10. MONTHS <i>5</i>	11. DAYS <i>29</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Miss. 1</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>
14. NAME OF HUSBAND OR WIFE <i>Minnie Moore</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME <i>Mary Moore</i>		ADDRESS <i>803 Clarkson Pl</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiovascular Disease</i>		Cerebral Hemorrhage	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 Mos.</i>	
ANTECEDENT CAUSES		DUE TO (b) <i>Undetermined</i>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		<i>Chronic Nephelonephritis</i>	
Conditions contributing to the death but not related to the disease or condition causing death.		<i>Median Lobe Hypertrophy and</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	<i>93</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>4241</i>	
22. I hereby certify that I attended the deceased from <i>3-6</i> , 19 <i>49</i> , to <i>5-22</i> , 19 <i>49</i> that I last saw the deceased alive on <i>5-22</i> , 19 <i>49</i> , and that death occurred at <i>1:05a m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Oscar J Daniels M. D. V.</i>		23b. ADDRESS <i>2601 N Whittier St.</i>	23c. DATE SIGNED <i>5-23-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-26-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
DATE REC'D BY LOCAL REG. <i>MAY 24 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Atkins Bros. Mtd. Co.</i> ADDRESS <i>3644</i>	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Douglas English

Licensed Embalmer No. 4208

P. O. Address 2931 Lueas Ave

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.