

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11448

State File No.

4001

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4465</u>		Registrar's No. <u>741</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rock Hill</u>) c. LENGTH OF STAY (In this place) <u>YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9329 Berry Ave.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> d. STREET ADDRESS (If rural, give location) <u>9329 Berry Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WYLIE</u> b. (Middle) _____ c. (Last) <u>WISE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19, 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 17, 1900</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Dept.</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>L. P. WISE</u>			13b. MOTHER'S MAIDEN NAME <u>HOPKINS</u>			14. NAME OF HUSBAND OR WIFE <u>EUTHA WISE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eutha Wise, 9329 Berry Ave. Rock Hill, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Glioma Left (Brain Tumor)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
19a. DATE OF OPERATION <u>Dec 9 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Glioma Brain Tumor - Left - Malignant</u>				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) <u>193X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>25 Dec 1949</u> , to <u>19 Mar 1950</u> , that I last saw the deceased alive on <u>19 Mar 1950</u> , and that death occurred at <u>97</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. McCall MD</u>				23b. ADDRESS <u>Manchester 17 Mo</u>		23c. DATE SIGNED <u>21 Mar 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-21-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Womble, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH, 1450 Manchester Ave. Maplewood 17, Mo.</u>			

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 *A. Burgess*

Licensed Embalmer No. 4029

P. O. Address *Haylewood*

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.