

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 25431
6243
Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St Louis, Mo*
c. LENGTH OF STAY (In this place) *6 days*
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *Homer G Phillips Hospital*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE *Mo*
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *St Louis 2189*
d. STREET ADDRESS (If rural, give location) *3421 Hickory*

3. NAME OF DECEASED
a. (First) *William*
b. (Middle) _____
c. (Last) *Wise*

4. DATE OF DEATH (Month) (Day) (Year)
July 20 1950

5. SEX *MALE*

6. COLOR OR RACE *Col*

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *MARRIED*

8. DATE OF BIRTH *JAN. 14 - 1869*

9. AGE (In years) (Last birthday) (Months) (Days) (Hours) (Mins.)
80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY *Intergovernmental*

11. BIRTHPLACE (State or foreign country) *MISS.*

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME *John Wise*

13b. MOTHER'S MAIDEN NAME *Aggie Tucker*

14. NAME OF ~~HUSBAND~~ WIFE *Georgia*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *49A-09-3717*

17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Georgia Wise 3014 Rutger*

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) *Cerebral hemorrhage*
INTERVAL BETWEEN ONSET AND DEATH *Undet.*
ANTECEDENT CAUSES
DUE TO (b) *Hypertensive Heart Disease*
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) *Undetermined*
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. *None*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR *331X*

22. I hereby certify that I attended the deceased from *7-15*, 19 *50*, to *7-20*, 19 *50*, that I last saw the deceased alive on *7-20*, 19 *50*, and that death occurred at *2:30 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *C. N. Robinson M. D.*

23b. ADDRESS *2601 N Whittier St*

23c. DATE SIGNED *7-20-50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL*

24b. DATE *July 25*

24c. NAME OF CEMETERY OR CREMATORY *Washington Park*

24d. LOCATION (City, town, or county) (State) *St Louis, Mo*

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE *J B Fasater*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *J. J. Watson - 2769 Chouteau*

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

J. H. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. *269A*

P. O. Address *2769 Chestnut*

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.