

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35777

State File No. 9254

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2189 St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hosp.		d. STREET ADDRESS (If rural, give location) 3150 Park	
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) c. (Last) Wise	
4. DATE OF DEATH (Month) (Day) (Year) Oct 17 1951		5. SEX Male <input checked="" type="checkbox"/> 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Sept 26-1894	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionery	
11. BIRTHPLACE (State or foreign country) Jefferson Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Ephraim A. Wise		13b. MOTHER'S MAIDEN NAME Mary Bullock	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes WW #1	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Dora Wise P.O. Box 423 Birmingham Ala	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema ANTECEDENT CAUSES Cardiac Hypertrophy Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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? 4500		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:25 P. m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner		23b. ADDRESS 300 Clark	
23c. DATE SIGNED 10.19.51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-20-51		24c. NAME OF CEMETERY OR CREMATORY Family	
24d. LOCATION (City, town, or county) (State) Birmingham, Ala.		DATE REC'D BY LOCAL REG. Registrar's SIGNATURE Earl Smith M 10	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe 4700 Washington		ADDRESS	

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.....

G. W. Densley

Signed.....
Student Embalmer

Licensed Embalmer No. *3653*

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.