No. 300
10-48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 776

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton, Mo.
c. LENGTH OF STAY (In this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 59 45 W. Pacific, Webster Groves.
d. STREET ADDRESS (If rural, give location) 45 W. Pacific 45,97

3. NAME OF DECEASED (Type or Print)
a. (First) WILEY
b. (Middle) E.
c. (Last) ROSE

4. DATE OF DEATH (Month) (Day) (Year) March 23, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 5-27-72
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months 9 Days 26 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired minister
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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) PNEUMONIA, LOBAR, RIGHT LOWER LOBE — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS — 3 YEARS
DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

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 — 490X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/13, 1952, *to* 3/23, 1952, *that I last saw the deceased alive on* 3-23, 1952, *and that death occurred at* 12:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Wayne E. Roberts M.D.
23b. ADDRESS 601 S. Brentwood Blvd.
23c. DATE SIGNED 3-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-23-52
24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
24d. LOCATION (City, town, or county) (State) Edwardsville, Ill.

DATE REC'D BY LOCAL REG. 3-23-52
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE Leonard R Davis
ADDRESS 2060 Cleveland Granite City Ill

SW (Licensed Embalmer's Statement on Reverse Side)

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 Leonard R. Davis, working under my personal supervision.

Student Embalmer No.....

Signed Leonard R. Davis

Licensed Embalmer No. 8375

P. O. Address Granite City Ill.

Signed.....
Student Embalmer

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.