

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34316

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9030

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>					
b. CITY OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 weeks</u>		c. CITY OR TOWN <u>East St. Louis</u>		8/20/53			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>				d. STREET ADDRESS (If rural, give location) <u>418 So. 4th St.</u>					
3. NAME OF DECEASED (Type or Print) <u>H. BIDDLE Wiggins</u>			a. (First)	b. (Middle)	c. (Last) <u>Williams</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 16 53</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 3, 1905</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Marianna, Ark</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Willis S. Price</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willis Wiggins, son</u>		ADDRESS <u>1034 P...</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>Broncho-Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</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.									
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) <u>491 X</u>					
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?					
22. I hereby certify that I attended the deceased from <u>7-21</u> , 19 <u>53</u> , to <u>9-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-16</u> , 19 <u>53</u> , and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. B. Williams</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>2601 N. Whittier</u>		23c. DATE SIGNED <u>9-17-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>9-18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair, Ill.</u>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 18 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>P. J. Conroy, 1036 Tudor</u>					

G.P. (Licensed Embalmer's Statement on Reverse Side)

West St. Louis, Ill.

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

22.

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 me

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Ben. N. Baldus

Licensed Embalmer No. 2420

P. O. Address St. Louis

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.