

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3433

State File No.

FILED FEB 2 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 0328

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>24 3539 ILLINOIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>LESTER</u>	b. (Middle) <u>ANDREW</u>	c. (Last) <u>WILEY</u>
4. DATE OF DEATH	(Month) <u>JANUARY</u>	(Day) <u>12</u>	(Year) <u>1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>Jan. 8, 1901</u>
9. AGE (in years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DE SOTO, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WM. A. WILEY</u>	13b. MOTHER'S MAIDEN NAME <u>CLARE ELIZABETH WILEY</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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. <u>498-01-9560</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LLOYD WILEY DE SOTO, 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>PULMONARY TUBERCULOSIS, FAR ADVANCED</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 - 2 YRS.</u>	
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>002X</u>	
22. I hereby certify that I attended the deceased from <u>1-7-54</u> , 19 <u> </u> , to <u>1-12-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>1-12-54</u> , 19 <u> </u> , and that death occurred at <u>7:10A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hillary A. Frazier M.D.</u>	23b. ADDRESS <u>1515 LEFAYETTE AVENUE</u>	23c. DATE SIGNED <u>1-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	24d. LOCATION (City, town, or county) (State) <u>DE SOTO MO.</u>
DATE REC'D BY LOCAL REG. <u>JAN 13 1954</u>	REGISTRAR'S SIGNATURE <u>J. Lee Mothershead M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. LEE MOTHERSHEAD</u> ADDRESS <u>DE SOTO, MO.</u>	

(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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Andrew H. Engle*.....

Licensed Embalmer No.....

P. O. Address *De Soto*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.