

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32490

State File No. ....

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2190

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
d. CITY OR TOWN <u>Jennings Mo</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN <u>Jennings 413</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not a hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>2159 Fairhaven</u>		e. STREET ADDRESS (If rural, give location) <u>2159 Fairhaven</u>	

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>A.</u> c. (Last) <u>Wiley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 21 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police officer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Law Enforcement</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew D. Wiley</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Jean Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Wiley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>547-42-2240</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Wiley</u>	ADDRESS <u>2159 Fairhaven Dr.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Primary Carcinoma (Left Lung)</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Metastasis to right lung</u>		
	DUE TO (c) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>162X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-28-53, 1953, to 9-14, 1954, that I last saw the deceased alive on 9-11, 1954, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E.A. Lanche M.D.</u>	23b. ADDRESS <u>4885 Natural Bridge</u>	23c. DATE SIGNED <u>9-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>9/18/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-54</u>	REGISTRAR'S SIGNATURE <u>Nehbert R. Donk M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz Mortuary</u>	ADDRESS <u>5967 W. Florissant</u>
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WRITE PLAINLY—USING UNFAADING 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 *William G. B. Kelly*  
Licensed Embalmer No. *455*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**