No. 300
10.48

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

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39273

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2544

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ladue
c. LENGTH OF STAY (In this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): # 29 Oakleigh Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Tolliverson
c. CITY OR TOWN: Barnhart
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): Rural 0500

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): J.
c. (Last): Wise

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1955

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M.
8. DATE OF BIRTH: Feb. 13, 1882
9. AGE (In years last birthday): 73 — If under 1 year: Months 8, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Furniture Salesman, Wise Furniture
10b. KIND OF BUSINESS OR INDUSTRY: St. Louis, Missouri
11. BIRTHPLACE (City and State or Foreign Country): C
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Henry Wise
13b. MOTHER'S MAIDEN NAME: Elizabeth Masquelet
14. NAME OF HUSBAND OR WIFE: Mrs. Abigail Wise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-05-3775
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Abigail Wise, " 29 Oakleigh Lane, Ladue

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Indefinite

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4500
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* Dec 9, 1954, *to* Oct, 1955, *that I last saw the deceased alive on* Oct 27, 1955, *and that death occurred at* 8:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James P. Sullivan MD
23b. ADDRESS: 4161 Lindell Blvd
23c. DATE SIGNED: 11-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 4, 1955
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 11-2-55
REGISTRAR'S SIGNATURE: Herbert R. Domke
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arthur J. Donnelly, 3840 Lindell Blvd.
Sly.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis Williams

Licensed Embalmer No. 3

P. O. Address 384 Lin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.