

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11288

State File No.

FILED MAR 27 1957

318

1003

2352

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 25 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 D.O.A. Homer Phillips Hosp				e. STREET ADDRESS (If rural, give location) 259 1314 (Rear) Biddle Street			
3. NAME OF DECEASED (Type or Print) JESSE		a. (First)		b. (Middle)		c. (Last) WILEY	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown 1903	
9. AGE (In years, last birthday) Abt. 53		If UNDER 1 YEAR Months _____ Days _____		If UNDER 18 Wks. Hours _____ Mins. _____		4. DATE OF DEATH Mar. 5, 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) / Cold Water, Texas	
12. CITIZEN OF WHAT COUNTRY? U. S. A.				13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary ?	
14. NAME OF HUSBAND OR WIFE Lillian Wiley				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Lillian Wiley				ADDRESS 1314 (Rear) Biddle			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Gunshot wound of heart		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. suffered when shot with gas bands of one of our Orlando, after deceased had shot Orlando in yard in rear of 1316 Biddle Street about 9:00 am., March 5th, 1957.		INTERVAL BETWEEN ONSET AND DEATH 1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION band 9:00 am., March 5th, 1957.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard		21b. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) St Louis Mo		21c. HOW DID INJURY OCCUR E 981x			
21d. TIME OF INJURY 3 5 57.9A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30A m., from the causes and on the date stated above.							
23. SIGNATURE Catrick J. Taylor				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3.8.57.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/11/57		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 8 '57		REGISTRAR'S SIGNATURE Charles J. Gates		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney	

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

mjb
 (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 embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4580

P. O. Address 4107 Finney Ave

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.