

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007796

STATE FILE NUMBER
2 1807

FILED MAR 10 1959 Registration District No. Primary Registration District 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, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION InRoute #1 Hospital		d. STREET ADDRESS 2728, DELMAR BLVD. (If outside, give location)	
3. NAME OF DECEASED (Type or print) Rev. JULIUS WILEY		4. DATE OF DEATH Month / Day / Year 2 / 18 / 1959	
5. SEX MALE	6. COLOR OR RACE COL.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH II / 4 / 1887
10a. USUAL OCCUPATION (Give kind of working done during most of working life, even if retired) Retired Clegerman		10b. KIND OF BUSINESS OR INDUSTRY Spiritual Faith	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months 3, Days 14, Hours, Min.
11. BIRTHPLACE (City and state or country) ARKANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME TERRY WILEY		14. MOTHER'S MAIDEN NAME MIRIAH (UNKNOWN)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 43I-16-8934	
17. INFORMANT Lucious Wiley		Address 2728, DELMAR BLVD.	
18. CAUSE OF DEATH [Enter only one cause of death for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis 420.1 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 9:15 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John M. Houston		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 2/20/59			
23a. BURIAL, CREATION, REMOVAL (Specify) REMOVAL		23b. DATE 2 - 23 - 1959	
23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		23d. LOCATION (City, town, or county) ST. LOUIS, MO, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS John M. Houston 2812, THOMAS Street		25. DATE RECD. BY LOCAL REG. FEB 20 '59	
		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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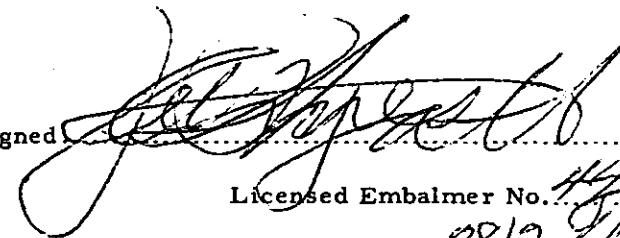
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STATEMENT BY LICENSED EMBALMER

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. 444

P. O. Address 2812 E. 110

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.