JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1960

60-036733
STATE FILE NUMBER

ENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8976

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 4 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison
c. CITY OR TOWN Granite City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 20th & Edison Granite City, Ill. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Oliver Middle: Last: Wise

4. DATE OF DEATH Month, Day, Year: Sept. 11, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-17-1883
9. AGE (last birthday): 77
IF UNDER 1 YEAR: Months 4 Days 23 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Room Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (City and state or country): U.S.A.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Isodore Wise
13b. MOTHER'S MAIDEN NAME: Mary Thomason
14. NAME OF HUSBAND OR WIFE: Mary

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.: 333-03-0343
17. INFORMANT: Nellie Koetter Address: 2529 State St., Granite City, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/6/60, to 9/11/60 and last saw him alive on 9/11/60
Death occurred at 4 15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles H. Dart Jr M.D.
22b. ADDRESS 216 So Kingshighway
22c. DATE SIGNED 9/11/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-12-1960
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State): Edwardsville Twsp., Ill.

24. FUNERAL DIRECTOR: Leonard R. Davis ADDRESS: 21st & Cleveland
25. DATE RECD. BY LOCAL REG.: SEP 12 1960
26. REGISTRAR'S SIGNATURE: Hoard Smith. M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leonard R. Dave

8376

Licensed Embalmer No. ~~4959~~

P. O. Address 21st + Cle

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