

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
16187

1. PLACE OF DEATH
County St. Louis Registration District No. 788
Township Webster Primary Registration District No. 4771
City Webster (No. Webster College) St. _____ Ward _____

2. FULL NAME Sister Louise Wise
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

File No. _____
Registered No. 36

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 6 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Religious
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Charles P. Wise

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Josephine Weir

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mother Mary Lomas (Address) Webster College

15. FILED 5-9-27 Arthur H. Keating REGISTRAR
per Elsie Hanson

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1927
17. HEREBY CERTIFY That I attended deceased from about _____, 1923, to May - 8, 1927 that I last saw her alive on May 10, 1927 and that death occurred, on the date stated above, at 12:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of left Breast,
about 4 yrs.
CONTRIBUTORY (SECONDARY) General Carcinomatous Recurrence
(duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at place of death
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Judging
(Signed) H. A. Phelan
, 19 (Address) Webster College

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chapel DATE OF BURIAL 5-10 1927
20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash &

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

EMERGENCY RECORD

Dr Johnson

17 East Lockwood Ave
8-9 am

D. Westrop
204 - 1st St