APR 28 1933

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

Do not use this space.

11016 92

1. PLACE OF DEATH

County St. Louis, Missouri. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 Registered No.

City Jefferson Barracks, Mo. (No. Veterans Administration Hospital. St. Ward)

2. FULL NAME WILEY, Paul J.

(a) Residence, No. 3829 Sullivan Ave., St. Louis, Missouri. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ann Wiley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 19, 1889

7. AGE: YEARS 43 | MONTHS 8 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic, Ice Electrical Service.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texarkann, Texas.

FATHER

13. NAME: Frank Wiley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

MOTHER

15. MAIDEN NAME: Kate Schurch.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): C. H. SMITH, M.D., Clinical Director. Vet. Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mark Grove DATE Mar 16 1933

19. UNDERTAKER (ADDRESS): Mullen Hd O. So Same Mo

20. FILED Mar. 14 1933 L. C. Ohrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1933, to March 14, 1933

I last saw him alive on March 14, 1933. Death is said to have occurred on the date stated above, at 3:05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	Unk
92A 93C 92A	
Other contributory causes of importance:	
Valvular Heart Disease, Aortic Insufficiency.	Unk.

Name of operation: Clinical, physical, x-ray. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. GIBSON, M.D., Med. Off. In Chg., M. D.

(Address) Vet. Adm. Hosp. Jeff. Brks., Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. 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.

W. S. NO. 2