

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township **St. Louis**

Primary Registration District No. **1003**

City..... (No. **City Hospital No. 2**)

File No. **22017**

Registered No. **5769**

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **Wiley Henderson Washington**

(a) Residence, No. **1633a Carr** St. **25** Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S.. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-12-** 19 **37**

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

22. I HEREBY CERTIFY, That I attended deceased from **5-12-37**, to **5-12-** 19 **37**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-12-37**

I last saw him alive on **5-12-** 19 **37** Death is said to have occurred on the date stated above, at **7:20 P.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. **40**

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

**Prematurity** **5-12-37**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.** (STATE OR COUNTRY)

Other contributory causes of importance:  
**159**

13. NAME **Unknown**

Name of operation..... Date of.....  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

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.

15. MAIDEN NAME **Queen Washington**

16. BIRTHPLACE (CITY OR TOWN) **Ark.** (STATE OR COUNTRY)

17. INFORMANT **Ruby Perdeau** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **June 12, 1937**

19. UNDERTAKER **J. Ryan** (ADDRESS) **City infirmary**

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify **Thomas C. Metzger**, M. D. (Signed) **2945 Lawton** (Address)

20. FILER **J. Bredeck** Registrar.

JUN 10 1937

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.

DD

BB

