

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.

OCT 14 1937

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

Do not use this space.

32839

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
No. *Lutheran Hospital*

File No.....
Registered No. *8893*
St. _____ Ward)

2. FULL NAME

(a) Residence, No. *Horace B. Wiley*
(Usual place of abode) *3449 St Vincent*

Length of residence in city or town where death occurred yrs. mos. ds. *17* How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 21 1863</i>		
7. AGE YEARS <i>73</i>	MONTHS <i>10</i>	DAYS <i>2</i>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Unemployed</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Clerk of Circuit Court</i>	
	10. Date deceased last worked at this occupation (month and year) <i>2 1/2 yrs ago</i>	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>	
	13. NAME <i>George W. Wiley</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Essex England</i>	
	15. MAIDEN NAME <i>Margaret Devine</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bertrand Maine</i>		
17. INFORMANT (ADDRESS) <i>Thomas W. Wiley 3939 Hartford St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Bellefontaine Cem. 9-25-37</i>		
19. UNDERTAKER (ADDRESS) <i>Phy'shausen Mortuaries 4248 North Glasgow</i>		
20. FILED <i>SEP 24 1937</i> <i>J. P. Bradley Registrar</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-23 1937*

22. I HEREBY CERTIFY, That I attended deceased from *9-10 1937*, to *9-23 1937*
I last saw him alive on *9-23 1937*. Death is said to have occurred on the date stated above, at *1:35 P.M.*
The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic
Date of onset _____

Other contributory causes of importance:
Pneumonia - hypertensive Fracture - left pelvis - 9/10/37

Name of operation *none* 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 *accident* Date of injury *7-10 1937*
Where did injury occur? *St. Louis Mo*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home or in public place
fall over a curb on street
Manner of injury *fracture pelvis*
Nature of injury *fall*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *Dr. John H. Quenley M.D.*
(Address) *1504 So Grand Ave. St. Louis, Mo*

