

DEC 12 1938

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

37546  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County..... / Registration District No..... 791  
(b) Township..... Primary Registration District No..... Registered No..... 9873  
(c) City..... St. Louis..... (d) Street No..... Homer Phillips Hospital..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

- 252 Arthur Wiggins  
(a) Residence, No. 2673a Scott St. 22 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Wiggins		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1876		
7. AGE YEARS 62	MONTHS 1	DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi /		
FATHER	13. NAME Harrison Wiggins	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi /	
MOTHER	15. MAIDEN NAME Arna Kennard	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi /	
17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier		
18. BURIAL, CREMATION, OR REMOVAL PLACE Glenwood Cemetery DATE 11-17-1938		
19. FUNERAL DIRECTOR (ADDRESS) A. F. Budgie Walton 2707 St. Charles St. J. F. Bredeck Local Registrar.		
20. FILED NOV 15 1938		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1938, to Nov. 13, 1938.

I last saw him alive on Nov. 13, 1938. Death is said to have occurred on the date stated above, at 6 p. m.

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

Hypertensive heart disease

Date of onset  
11/4/38

Other contributory causes of importance:

Chronic nephritis

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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

N. J. Lyman, M. D.  
(Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I, Tommie Boykin Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Tommie Boykin  
Licensed Embalmer No. 2946

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**