

OCT 18 1939

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

31337
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 299
 (b) Township St. Louis Primary Registration District No. 001 Registered No. 3435
 (c) City St. Louis (d) Street No. 2111 Terrace 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Mary F. Wise
 (a) Residence, No. 2111 Terrace St. (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 Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

FATHER 13. NAME Wm. Justice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME Wm. Justice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Winn, Wise
2111 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept. 7, 1939

19. FUNERAL DIRECTOR (ADDRESS) Elyan Funeral Home
708 W. 17th St.

20. FILED 9-1-39 Wm. Justice
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1939

I HEREBY CERTIFY, That I attended deceased from July 8, 1939, to Aug 31, 1939.
 Last saw her alive on Aug 31, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chs Myocarditis
 Coronary Sclerosis
 Chs Interstitial Nephritis
 Date of onset 6 mos ago

Other contributory causes of importance:
Chs Interstitial Nephritis

Name of operation Chm Date of no
 What test confirmed diagnosis? Chm Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) C. M. Carroll, M. D.
 (Address) 708 W. 17th St.

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

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.

FORM 7-20-37 I. X12004

FEB 17 1942

STATEMENT BY LICENSED EMBALMER

I, Chaswick, Licensed Embalmer No. 2644

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

..... L. E.

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed Chaswick

Licensed Embalmer No. 2644

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.)