

WHILE FADING BLACK INK—MAKE 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

Registration District No. 284

Primary Registration District No. 106

Registrar's No. 2324

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood

(c) Name of hospital or institution:
Chamberlin Home 902 N Kirkwood Rd.

(d) Length of stay: In hospital or institution _____

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(c) City or town 904 Kirkwood Mo.

(d) Street No. 904 E. Kirkwood Road

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Carrie Wiggins

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1939 hour 6 minute 30 a. M.

4. Sex Female

5. Color White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Wiggins

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 24 1868

21. I hereby certify that I attended the deceased from Nov. 1st 1939, to Dec. 28, 1939; that I last saw her alive on Dec. 26, 1939; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>4</u>	hr. _____ min.

Immediate cause of death Arteriosclerosis, general

Duration unknown

9. Birthplace Bonne Terre Mo.

10. Usual occupation At Home

Due to _____

Due to _____

Other conditions Pernicious Anemia

(Include pregnancy within 3 months of death) 12-15 yrs

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

PHYSICIAN _____

Underline the cause to which death should be charged statistically

Major findings: Of operations None

Of autopsy None

16. (a) Informant's own signature Arthur Wilde

(b) Address Valley Park Mo. Rt. #1

17. (a) Burial (b) Date thereof Dec. 30, 1939

(c) Place: burial or cremation Parklawn Cem.

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway

19. (a) 12-29-39 (b) C. R. Meyer

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Yessie Little (M. D. or other) MO

Address 607 N Grand Date signed 12-28-39

607 N. Broad St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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.)

If this body is not embalmed, above space should be left blank.