

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

12874

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3076

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6416 Oakland Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME George F. Wise

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cornelle Wise 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Jan. 2 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>3</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie C. Wise

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Ida Cresop

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cornelle Wise

(b) Address 6416 Oakland Ave.

17. (a) Burial (b) Date thereof 4-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Mo.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) APR 3 1940 (b) J. D. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 2
 year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 1939
 _____, 19____ to 4-2-40, 19____;
 that I last saw him alive on 4-1-40, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute lymphatic leukemia

Duration
6 mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
None

Major findings:
 Of operations _____

PHYSICIAN
 Underline the cause to which death should be charged statistically

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
8411

(e) Means of injury _____
(Specify type of place)

23. Signature J. D. Brudick (M. D. or other) _____

Address 5427 Delmar Date signed 4-2-40

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.

1930
to 5-30
to 6-15

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 Warren A. Carve

Licensed Embalmer No. 3534

P. O. Address.....

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.