

Registration District No. 784Primary Registration District No. 109Registrar's No. 1051

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Maplewood
 (c) Name of hospital or institution:
2135 Alameda Ave.
 (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)3. (a) PRINT FULL NAME Ida Cresap Wise *(D.H.)*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife David H. Wise 6. (c) Age of husband or wife if alive 70 years7. Birth date of deceased May 14 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
68 0 17 hr. min. 09. Birthplace _____
(City, town, or county) (State or foreign country)10. Usual occupation Home

11. Industry or business _____

12. Name William Cresap13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name Anna M. White15. Birthplace Va.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature S. C. Wise(b) Address 2861 Poe Ave.17. (a) Burial (b) Date thereof 6-3-40
(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) JUN - 3 1940 (b) D. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town Maplewood
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2135 Alameda Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 6 minute P M.21. I hereby certify that I attended the deceased from April 7, 1940
_____, 19____, to May 31, 1940, 19____;that I last saw her alive on May 31, 1940, 19____;
and that death occurred on the date and hour stated above.Immediate cause of death Acute Heart Block.

Duration

Due to Chronic partial heart block
Angina PectorisDue to Chronic Myocarditis
HypertensionOther conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature Paul K. Webb M.D. (M. D. or other) 1
Address Chemical Bldg. St. Louis Date signed 6-1-40

Embalmer E. O. O'Brien
1928 6 P.M.

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.....

A. M. Thompson....., Registered Apprentice No. 248
working under my personal supervision.

Signed E. O. O'Brien.....

Licensed Embalmer No. 2273

P. O. Address Thouis.....

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.