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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 25 1943**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **11053**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City 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 Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 513 Brower St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maxine Wilsey

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

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

6. (b) Name of husband or wife Dr. David Wilsey 6. (c) Age of husband or wife if alive 29 1/2 years

7. Birth date of deceased August 21 1916  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

8. AGE:

| Years     | Months    | Days      | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>27</u> | <u>#3</u> | <u>21</u> | hr. _____ min.       |

Immediate cause of death mercuric cyanide Duration \_\_\_\_\_  
Person self administered in  
her home at the Arlington  
Hotel 715 Pine St. 5th  
1943 about 8:00 AM

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 163 D

9. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ernest Stigalle

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

14. Maiden name Hattie Hedgpeth

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

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Kathleen Stigalle

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12-14-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 13 1943 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence Dec 5 1943

(c) Where did injury occur? at home  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Poison

23. Signature Alfred G. Geyer (M. D. or other)  
Address Springfield, Mo. Date signed 12/13/43

JAN 26 1944

JAN 26 1944

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

*John Gouroski*

Licensed Embalmer No. *3398*

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, fact should be so stated above.**