

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13521**
Registrar's No. **3822**

Registration District No. **518**
Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis Mo**
(b) City or town **St. Louis Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Jenny Pearl Wise**
3. (b) If veteran, name war **None** **3. (c) Social Security No.** **None**
4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Orlin Wise** **6. (c) Age of husband or wife if alive** **72** years
7. Birth date of deceased **January 6 1885**
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **16** If less than one day hr. min.

9. Birthplace **Oral Springs Pope County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. (a) Name of father **Joe Wheeler**

12. (a) Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Waldo Adams**
(b) Address **Lawton, Oklahoma**

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof **4-23-44**
(Month) (Day) (Year)
(c) Place: burial or cremation **New Burnside, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**

19. (a) **APR 25 1944** (Date received local registrar) **J. F. Bredet** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Illinois** (b) County **Johnson**
(c) City or town **New Burnside**
(If outside city or town limits, write "RURAL")
(d) Street No. **11 N.R.**
(If rural, give location)
(e) Citizen of foreign country? **2 0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22** year **1944** hour **3** minute **30** A. M.

21. I hereby certify that I attended the deceased from **April 10**, 1944, to **April 22**, 1944 that I last saw her alive on **April 22**, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **7 days**
Due to **Hypertensive cardio vascular disease 70 years**

Due to **arteriolar nephrosclerosis 70 years**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **121**
Of autopsy **not done**

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? **11** (Specify type of place) (b) Mode of injury

23. Signature **Walter Anthony** (M. D.) **4-22-44**
Address **BARNES HOSPITAL** Date signed

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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.....

Albert G. Happe

Licensed Embalmer No.

2971

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3822

On this 12 day of June, 1944, before me appears Mrs. Jewel
Wise Adams, who, upon her oath, states that the original record of ~~xxx~~ death

for Pearl Wise, who ~~xxx~~ died April 22, 1944, in the State of
Missouri, and which was filed at St. Louis on April 25, 1944, should be corrected as follows:

Item No. 3 should read Tenny Pearl Wise

Instead of Pearl Wise

Item No. 9 should read Creal Springs, Illinois

Instead of Pope County, Illinois

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Jewell Wise Adams - Haugh
Relationship.

P.O. Box 459 Lamton, Okla
Present Address.

Subscribed and sworn to before me this 12th day of June, 1944.

My Commission Expires November 30, 1945

Alice L. Elbe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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