V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26677

FILED SEP 8 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7546

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MISSOURI BAPTIST HOSPITAL: 0
(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: 000

(a) State MISSOURI (b) County 17

(c) City or town SAINT LOUIS: 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 100 NO. BROADWAY
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME McCLELLAND C. WIGGINS

3. (b) If veteran, name war NO.

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE 0

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife AMANDA SHINN WIGGINS

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

7. Birth date of deceased OCTOBER (Month) 12 (Day) 1861 (Year)

8. AGE: Years 82 Months 10 Days 18 If less than one day hr. min.

9. Birthplace GOREVILLE (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation RETIRED -

11. Industry or business STATIONARY ENGINEER

FATHER
12. Name JOHN WIGGINS
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name MARY RAYMEY
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant AUGUSTA W. SCOTT
(b) Address 6269 ODELL AVE.

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof AUG 31/44 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CREMATORY

18. (a) Signature of funeral director C.R.LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) AUG 31 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 30th
year 1944 hour I minute 5 P.M.

21. I hereby certify that I attended the deceased from 8-24-44, 19__, to 8-30-44, 19__;
that I last saw him alive on 8-30-44, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis (Duration)
Carcinoma stomach.
Due to (undefined time)
Due to
Other 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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Florence G. Drum (M. D. or [illegible])
Address 1927 [illegible] Date signed 8/31/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted] Blume.
1927 N. Union Blvd.
MU-5645
10 to 12 a.m. Thur. & Sat.
10 to 12 a.m. & 3 to 5 P.M. Mon. Wed. Fri.

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 Clarence A. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo.

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.