

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11321

FILED APR 20 1945

Primary Registration District No. 1003

Registrar's No. 3171

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 12 days  
(Specify whether  
In this community 15 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1205 N. 19th St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

William Wigley

3. (b) If veteran,  
name war.....

3. (c) Social Security  
No. ....

4. Sex M 2  
5. Color or race Cauc  
6. (a) Single, widowed, married,  
2 divorced widow  
6. (c) Age of husband or wife if  
Alive..... years

7. Birth date of deceased. March 10th 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 0 28 hr. min.

9. Birthplace Greenwood Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Shining shoes

11. Industry or business.....

12. Name Anderson Wigley  
13. Birthplace Charleston S.C.  
(City, town, or county) (State or foreign country)  
14. Maiden name Josetta Morris  
15. Birthplace Blackhawk Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Wigley

(b) Address 2204 Chelsea St Memphis Tenn

17. (a) Removal (b) Date thereof 4-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Tenn

18. (a) Signature of funeral director J. H. Randall & Son

(b) Address 2133 Bell Ave

19. (a) APR 9 1945 (b) J. H. Randall  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8,  
year 1945 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from March  
27, 1945, to April 8, 1945  
that I last saw him alive on April 8, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Aortic Aneurysm (ruptured) 15 mins.  
Hypertension Unk.  
Syphilitic

Due to.....  
Due to..... 30

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?

While at work?..... (Specify type of place)  
(e) Means of injury..... 0

23. Signature B. F. Murphy (M. D. or other)  
Address 201 W. Hill St Date signed 4/9/45

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

20  
17  
9

**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 *J. J. Watson*  
Licensed Embalmer No. 7698  
P. O. Address 2769 Hunter Ave

**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.**