

FILED MAY 31 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1640

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: Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 3 weeks
years, months or days)

3. (a) PRINT
FULL NAME

Clayton Wiley

3. (b) If veteran,

name war

none

3. (c) Social Security

No. none

4. Sex Male

5. Color or

race Negro

6. (a) Single, widowed, married,

divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive, years

7. Birth date of deceased

Jan
(Month)

17
(Day)

1943
(Year)

8. AGE:

Years

Months

Days

If less than one day

1

4

5

hr.

min.

9. Birthplace

Madison Ill
(City, town, or county)

Ill
(State or foreign country)

10. Usual occupation

Infant

11. Industry or business

Richard Wiley

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Martha Hampton

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Richard Wiley

(b) Address

Madison Ill

17. (a)

Removal
(Burial, cremation, or removal)

(b) Date thereof

May 23-1946
(Month) (Day) (Year)

(c) Place: burial or cremation

East St. Louis, Ill.

18. (a) Signature of funeral director

J. F. Marshall

(b) Address

2205 W. Ave. B. St. Louis Ill

19. (a)

MAY 23 1946
(Date received local registrar)

(b)

J. F. Marshall
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. 822 Washington
(If rural, give location) N.R.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1946 hour 4 minute 40 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.

Immediate cause of death In 13th degree burn

at fire Dept. from fire

when he pulled the top of his

office - all the table

knives - 825 North Fifth Street

on May 22 1946 about 8:00

C. Clark W.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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

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

(b) Date of occurrence May 22 1946

(c) Where did injury occur? Home

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

Home of home

While at work? (Specify type of place)

Means of injury By flame

23. Signature W. H. Cherry (M. D. or other)

Date signed 5/23/46

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Ben. H. Baldwin

Licensed Embalmer No.

2420

P. O. Address

E. St. Louis 2 Ills

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.