V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 20 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 36497

Registrar's No. 2145

96
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town S. Kinloch 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Ardmore 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Columbus Wise
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race C
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Willie Mae Wise
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 8 (Month) 16 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	1	20	hr. min.

9. Birthplace Mississippi 1
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Benjamin + Ansel Chem. Co.
FATHER
12. Name Gerry Wise 9
13. Birthplace Unk. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mattie 9
15. Birthplace Unk 1
(City, town, or county) (State or foreign country)
16. (a) Informant Willie Mae Wise
(b) Address 5 Ardmore, S. Kinloch
17. (a) Burial (b) Date thereof 10-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Boyd Bros
(b) Address Box 240 Kinloch 21
19. (a) 10-10-47 (b) Paul A. Sharp MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1947 hour 10 minute 00 P.M.
21. I hereby certify that I attended the deceased from Sept. 30, 1947, to Oct. 6, 1947;
that I last saw him alive on Oct. 6, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis Meningitis	2 wks
Due to 14	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Tuberculosis Meningitis	

PHYSICIAN
Underline the cause of 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
23. Signature R L Heidner (M. D. ~~or other~~)
Address 601 Brentwood Blvd Date signed 10/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 2nd Pagl

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.

R 5-5-50.