No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43674

FILED DEC 22 1947

Registration District No. 347 — Primary Registration District No. 3063 — Registrar's No. 2561

1. PLACE OF DEATH:

(a) County St. Louis Co.

(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 1 HR. 55 MIN. (Specify whether

In this community 4 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co. 76

(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4

(d) Street No. 1020 N. Woodlawn (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Maury E. Wightman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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) 5 (Day) 1861 (Year)

8. AGE: Years 86 Months 11 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Thomas Wightman
13. Birthplace Boston (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Sarah Shelloz
15. Birthplace Pike Co. (City, town, or county) La. (State or foreign country)

16. (a) Informant Howard Henley

(b) Address 1020 N. Woodlawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 12-13-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1947 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 11, 1947 to Dec. 11, 1947; that I last saw him alive on Dec. 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Compound fracture of skull - lt temporo-parietal area

Due to Trauma

Due to 170 C

Other conditions Contusion & laceration of lt. temporal lobe + both frontal lobes of brain (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above + Fracture of rib 3-9 lt.

Duration

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) Homocide 125

(b) Date of occurrence Dec. 11, 1947

(c) Where did injury occur Kirkwood, St. Louis Co., Mo. (City or town) (County) (State)

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

While at work? No (e) Means of injury Struck by auto

23. Signature Wilson G. Brown (M. D. or other) 0

Address 601 Brentwood Blvd Date signed 12-11-47

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 John S. Dennehy

Licensed Embalmer No. 4194

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.