

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26488

State File No.

FILED JUL 31 1952

BIRTH NO. 73327 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7088

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2219</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>21 1927^{1/2} Carr</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helleana</u> b. (Middle) c. (Last) <u>Wiley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 18, 1951</u>
9. AGE (in years last birthday) <u>10</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Richard Wiley</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Hampton</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Wiley 1927 Carr</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Interstitial Pneumonia</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8:51</u> m., from the causes and on the date stated above.			
23. SIGNATURE <u>Patrick E. Taylor</u> (Deputy or title)		23b. ADDRESS <u>31300 Clark</u>	
23c. DATE SIGNED <u>7-23-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>July 24/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.A. Green</u> ADDRESS <u>4214 Delmar</u>	
DATE REC'D BY LOCAL REG. <u>JUL 23 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> E.O. (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed F. A. Kell

Licensed Embalmer No. 2963

P. O. Address 4214 Dolman

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.