

FILED OCT 15 1953

STANDARD CERTIFICATE OF DEATH

34310

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9394**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219 0	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 21 2932 Lucas	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2932 Lucas			

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Lee c. (Last) Wiggisan			4. DATE OF DEATH (Month) (Day) (Year) 9-27-53		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 15, 1917	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Atlanta, Ga.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lievin Wiggisan	13b. MOTHER'S MAIDEN NAME Mollie Phillips	14. NAME OF HUSBAND OR WIFE Willie Mae
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Mae Wiggisan 2932 Lucas

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	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) Pulmonary Congestion DUE TO (c) Cardiac Hypertrophy		
	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4343

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:20 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph W. Wade</i> (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 9/20/53
24a. BURIAL: CREMATION, REMOVAL (Specify) Removal	24b. DATE 10/7/53	24c. NAME OF CEMETERY OR CREMATORY Clarksville, Miss

DATE REC'D BY LOCAL REG. SEP 30 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.G. Wade Granberry 4202 Finney
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USE PREVIOUS EDITIONS OF THIS FORM. USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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 *Melvin E. Green*

Licensed Embalmer No. *4428*

P. O. Address *St. Louis Mo.*

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.