

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3440
0110

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

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>St. Louis</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>St. Louis</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>2209 20</u> <u>20</u> 2918 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floria</u> b. (Middle) _____ c. (Last) <u>Wise</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>4</u> <u>1954</u>		
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>August 28, 1888</u>	9. AGE (In years last birthday) <u>65</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>unemployed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Texas</u>	

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Wise</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harvey Davison - 2918 Madison St.</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) <u>Carcinoma of left Breast, Postoperative with Metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> Underlying <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>	
---	--	---	--	---	--

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170X</u>	

22. I hereby certify that I attended the deceased from 11-18 1953, to 1-4 1953, that I last saw the deceased alive on 1-4 1953, and that death occurred at 8:48a m., from the causes and on the date stated above.

23. SIGNATURE <u>William P. Hicks</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>1-5-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 8, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			

DATE REC'D BY LOCAL REG. <u>JAN 6 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u> <u>mds</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkins Bros. Und. Co. 3644 Finney</u>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—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.....
Signature of Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *4417*

P. O. Address *4700 Ham*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.