

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39357**  
Registrar's No. **10321**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>2 Hours</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>19 3853 Lindell Blvd.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Clara</b> b. (Middle) <b>Idell</b> c. (Last) <b>Wiggs</b>			<b>Nov. 12 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec. 23, 1881</b>	9. AGE (In years last birthday) <b>72</b>	# UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Juvenile Court</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Vernon, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>John Wiggs</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Drummond</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	16. SOCIAL SECURITY NO. <b>Unk</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Wiggs</b> ADDRESS <b>1309 South 9th Terre Haute, Indiana</b>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Unk</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Sclerotic Heart Disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized Arteriosclerosis</b>		
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <b>4200</b>

22. I hereby certify that I attended the deceased from **Nov 7, 1952**, to **Nov 12, 1954**, that I last saw the deceased alive on **10/29, 1954**, and that death occurred at **1:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert Swamer M.D.</b>	23b. ADDRESS <b>1115 Paul Bram Ref St. No 154</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal Motor</b>	24b. DATE <b>Nov. 15, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Mt. Vernon Illinois</b>		

DATE REC'D BY LOCAL REG. <b>NOV 15 1954</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. Meyer &amp; Sons Inc. 3934 N 20th</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Gustav W. Sichterle*

Licensed Embalmer No. *423*

P. O. Address *St. Louis*

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.