

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1957

38369  
STATE FILE NUMBER  
10262

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 10262

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>4339 Enright</b>		
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle Last <b>Wise</b>				4. DATE OF DEATH Month <b>10</b> Day <b>27</b> Year <b>57</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>28 August 1891</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Presser</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Forsythe Cleaners</b>		11. BIRTHPLACE (City and state or country) <b>Lexington, Mississippi</b>		
13. FATHER'S NAME <b>Taylor Wise</b>				14. MOTHER'S MAIDEN NAME <b>Julia Centerville</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>WW I 488-05-0090</b>		17. INFORMANT Address <b>Ethel Quinn 3310 Franklin Ave.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>Chronic Passive congestion of liver</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Acute alcoholism</b>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY - Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>10-11-57</b> to <b>10-27-57</b> and last saw her alive on <b>10-27-57</b> Death occurred at <b>7:15 p. m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>W. H. Smith</i> (Degree or title) <b>M. D.</b>				22b. ADDRESS <b>2601 N. Whittier</b>		22c. DATE SIGNED <b>10-30-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1 Nov 57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		
24. FUNERAL DIRECTOR <b>Atkins Bros.</b>			ADDRESS <b>3644 Finney Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 31 57</b>		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3001  
 Missouri  
 St. Louis  
 4339 Franklin  
 William  
 10 27 01  
 wife  
 18 August 1881  
 Male  
 Negro  
 10 27 01  
 10 27 01  
 10 27 01  
 10 27 01

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
 by me, or by ..... Student Embalmer No. ....  
 working under my personal supervision.

Student .....  
 Signature of Student Embalmer

Signed *John K Cunningham*  
 Licensed Embalmer No. 4476

10-27-01 10-27-01 10-11-01 P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
 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.