

STANDARD CERTIFICATE OF DEATH

58-016607

STATE FILE NUMBER

FILED APR 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2999

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Pasadena Hills 4170	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 37 Bernard Nursing Home		d. STREET ADDRESS (If outside, give location) 27 7339 Winchester	
3. NAME OF DECEASED (Type or print) Sadie E. Wiggins		4. DATE OF DEATH Month Day Year March 14, 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jonesboro, Ill. 1
13a. FATHER'S NAME Henry Hacker		13b. MOTHER'S MAIDEN NAME Mary Deshan	14. NAME OF HUSBAND OR WIFE William L. Wiggins
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. None	17. INFORMANT Address Mrs. Mary Johnson, 7339 Winchester
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arteriosclerotic heart disease Gen'l arteriosclerosis DUE TO (c) Coronary arteriosclerosis 420.0			INTERVAL BETWEEN ONSET AND DEATH 1 week
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 5-26-1956 to 3-14-58 and last saw her alive on 3-13-58 Death occurred at 6:40 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (In full, (Press or file) Richard J. McCallister		22b. ADDRESS 8515 Delmar St. Louis 24 Mo	22c. DATE SIGNED 3-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-14-58	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Jonesboro, Ill.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAR 14 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Elton R. Ruel*

Licensed Embalmer No. 4283
P. Q. 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.