Health,
& Welfare
Public
h Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031113
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8045

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hospital No. 1 — Length of stay in 1b: 25 22 9

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2035 Eugenia — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: BEN — Middle: — Last: Wiggins

4. DATE OF DEATH: Month 8 - Day 6 - Year 58

5. SEX: Male 2

6. COLOR OR RACE: Colored

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: 12/25/1881

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: unknown

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-01-2019

17. INFORMANT: IDA Hollimon — Address: 2035 Eugenia

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fracture of Left Hip; — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): E904.0 21

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.): Slipped while [illegible] fell at home in kitchen on

20c. TIME OF INJURY: Hour 445 p.m. — Month, Day, Year: August 6th 1958 at 445 pm.,

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY: — STATE: Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 445 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James M Kelly — (Degree or title): Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 8-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 8/19/58

23c. NAME OF CEMETERY OR CREMATORY: Father Dickson

23d. LOCATION (City, town, or county) (State): St. Louis Co, MO

24. FUNERAL DIRECTOR: W. Robinson & Sons. — ADDRESS: 2721 Cass

25. DATE RECD. BY LOCAL REG.: AUG 19 1958

26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. L.P.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
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 Not Embalmed, Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed Willie Robinson

Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.