

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

59-007794

STATE FILE NUMBER  
 2 1080

FILED FEB 24 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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 1-57  
 33  
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>E. St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Inf.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2122 Missouri</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>BESSIE</u> Middle Last <u>WILEY</u>			4. DATE OF DEATH Month <u>1</u> Day <u>26</u> Year <u>1959</u>		
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5. SEX <u>Female</u> <sup>3</sup>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-30-1916</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Satartia, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam Childress</u>	13b. MOTHER'S MAIDEN NAME <u>Lola Hucks</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. Wiley</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <u>No</u> (unknown)) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Geo. Wiley, 2122 Missouri, E. St. Louis</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Glomerular Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>445X</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Malignant Hypertension</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1-22-59</u> to <u>1-26-59</u> and last saw her/him alive on <u>1-26-59</u> Death occurred at <u>7:40</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>N.B. Smith, M.D.</u> (Degree or title)	22b. ADDRESS <u>11 N. Jefferson St. Paris</u>	22c. DATE SIGNED <u>1-30-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-27-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>
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24. FUNERAL DIRECTOR <u>Gardner, Belleville, Ill.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JAN 30 59</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>
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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 *Lawrence M. Bills* .....

Licensed Embalmer No. *4375* .....

P. O. Address: *St. Louis, Mo.* .....

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.