

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031024

FILED VS. SEP 8 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2308

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		Length of stay in lb <u>1 Week</u>	c. CITY OR TOWN <u>Florissant</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. ADDRESS (If outside, give location) <u>165 St. Nicholas</u>		
3. NAME OF DECEASED (Type or print) First <u>DAISY</u> Middle <u>MAUDE</u> Last <u>WISE</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>25</u> Year <u>1959</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Feb. 19, 1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Rummel</u>		13b. MOTHER'S MAIDEN NAME <u>Lizette Fischer</u>		14. NAME OF HUSBAND OR WIFE <u>Alvin E. Wise</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Jacqueline White Downs</u> Address <u>2500 Churchill Flor.</u>			
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>Rheumatic Heart Disease with Intractable heart failure</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)		
20c. TIME OF INJURY Hour a.m. p.m. _____ Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>June 4, 1958</u> to <u>Aug 25, 1959</u> and last saw her <u>alive</u> on <u>Aug 25, 1959</u> Death occurred at <u>9:40 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Thomas J. Parker M.D.</u>			22b. ADDRESS <u>4660 Maryland St. Louis, Mo</u>		22c. DATE SIGNED <u>8/26/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 28, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hills Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		
24. FUNERAL DIRECTOR <u>Cullen & Kelly</u>		ADDRESS <u>7267 Natural Bridge</u>	25. DATE RECD. BY LOCAL REG. <u>8-27-59</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Murphy</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James A. Lam

Licensed Embalmer No. 414

P. O. Address H. La

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