

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021162

318

1003

4758

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4758

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 23 1962**

1. **DATE OF DEATH** a. COUNTY **St. Louis** b. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission). a. STATE **Missouri** b. COUNTY **St. Louis**

2. c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **3964 Finney** Reside on Farm Yes  No

3. **NAME OF DECEASED** First **Vitula** Middle **Wiley** Last **Wiley** 4. **DATE OF DEATH** Month **5** Day **7** Year **62**

5. **SEX** **Female** 6. **COLOR OR RACE** **Negro** 7. Married  Never Married  Widowed  Divorced  8. **DATE OF BIRTH** **UNK. 1892** 9. **AGE (last birthday)** **Abb. 70** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housewife** 10b. **KIND OF BUSINESS OR INDUSTRY** **Brunswick, Mo.** 11. **BIRTHPLACE** (City and state or country) **U. S. A.** 12. **CITIZEN OF WHAT COUNTRY**

13a. **FATHER'S NAME** **Nelson Bowman** 13b. **MOTHER'S MAIDEN NAME** **Ellen Bruner** 14. **NAME OF HUSBAND OR WIFE** **William Wiley**

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** **Leon Bowman, 3964 Finney** Address

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c). PART I. **DEATH WAS CAUSED BY:**

IMMEDIATE CAUSE (a) **Shock** INTERVAL BETWEEN ONSET AND DEATH **Undet.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Pulmonary Embolism** **Undet.**

DUE TO (c) **1511**

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) **Arteriosclerotic Heart Disease** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**Ventricular Fibrillation, Suspected Myocardial Infarction**

19. **WAS AUTOPSY PERFORMED?** YES  NO  20a. **ACCIDENT**  **SUICIDE**  **HOMICIDE**  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**  NOT WHILE AT WORK  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 **4-23-62** to **5-7-62** and last saw her **alive** on **5-7-62**  
Death occurred at **2:40** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** **Sydney A. Trass, M. D.** (Degree or title) 22b. **ADDRESS** **2601 N. Whittier Street** 22c. **DATE SIGNED** **5-9-62**

23a. **BURIAL, CREMATION, REMOVAL (Specify)** **Removal** 23b. **DATE** **5/11/62** 23c. **NAME OF CEMETERY OR CREMATORY** **Greenwood Cemetery** 23d. **LOCATION (City, town, or county)** **St. Louis County, Mo.** (State)

24. **FUNERAL DIRECTOR** **Charles J. Gates, Jr., 4107 Finney** ADDRESS 25. **DATE RECD. BY LOCAL REG.** **MAY 9 1962** 26. **REGISTRAR'S SIGNATURE** **Loal Smith, M.D.**

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Georgetown Swann*  
X

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Avenue

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.