MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 636 -63-004295 STATE FILE NUMBER

FILED JAN 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	40363 P
3	2
4	1
5	2
6	
7	0
8	1
9	
10	
11	
12	52-0
13	

52

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Missouri — Length of stay in 1b: 2 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: BARNES HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Pine Lawn — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6202 Flint — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Middle Last — Mary Wiggins
4. DATE OF DEATH: Month Day Year — January 19, 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/26/1889
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
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): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: David Case
13b. MOTHER'S MAIDEN NAME: Louisa Mitchell
14. NAME OF HUSBAND ~~OR WIFE~~: Ralph Wiggins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates c[illegible]
16. SOCIAL SECURITY NO.: [illegible]02
17. INFORMANT: Clyde Van Meter, Address: 6202 Flint, Pine Lawn

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Status asthmaticus — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic obstructive pulmonary disease — 5 years
DUE TO (c): 527.2
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: ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

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 a.m. p.m. Month, Day, Year
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 1/16/63 to 1/19/63 and last saw her/him alive on 1/19/63
Death occurred at 2:45 a.m. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): M.D.
22b. ADDRESS: BARNES HOSPITAL
22c. DATE SIGNED: 1/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/22/63
23c. NAME OF CEMETERY OR CREMATORY: Salem, Mo. Cemetery
23d. LOCATION (City, town, or county) (State): Salem, Missouri

24. FUNERAL DIRECTOR — ADDRESS: BUCHHOLZ MORTUARY, INC. 5967 W. Florissant
25. DATE RECD. BY LOCAL REG.: JAN 21 1963
26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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_____ Signed Ralph E Linder

Signature of Student Embalmer

Licensed Embalmer No. 4275

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.