

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5157

State File No. _____

1407

FILED MAR 17 1942 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Feb 5
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Saline
(c) City or town Harrisburg
(If outside city or town limits, write "RURAL")
(d) Street No. 612 E. Poplar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME NEVA LORRENE WREN

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 4 1929
(Month) (Day) (Year)

8. AGE: Years 13 Months X Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Gallatin Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name James A. Wren

13. Birthplace Hardin Co. Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Baldwin

15. Birthplace Gallatin Co. Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Wren

(b) Address Harrisburg, Ill.

17. (a) Removal (b) Date thereof 2-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) Feb 14 1942 (Date received local registrar) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 42 hour _____ minute 2 M.

21. I hereby certify that I attended the deceased from _____
19 42 to 2-14 19 42
that I last saw her alive on 2-14 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor Duration _____
Malignant
1st (tumor of 3rd ventricle)
and operation for brain
tumor

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Emil Sack (M. D. or other) _____
Address Barnes Hospital Date signed 2-14-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Helfred G Burnley

Licensed Embalmer No. *4202*

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 this body is not embalmed, fact should be so stated above.