

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39650

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 4435

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b>	
c. LENGTH OF STAY (in this place) <b>6 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>733 SHERWOOD DR. 11</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>733 SHERWOOD</b>			

3. NAME OF DECEASED a. (First) <b>ANNE</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>WAYNE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV-17-1949</b>	
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>AUG. 12-1882</b>	9. AGE (In years last birthday) <b>67</b>	10. MONTHS <b>-</b>	11. DAYS <b>-</b>	12. HOURS <b>-</b>	13. MIN. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>RAYMOND ILL</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>THOMAS R. KINSELLA</b>	13b. MOTHER'S MAIDEN NAME <b>MARY HARRINGTON</b>	14. NAME OF HUSBAND OR WIFE <b>HARRY G WAYNE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William E House</b>	ADDRESS <b>WEBSTER GROVES MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary fibrosis</b>		
	DUE TO (c) <b>-</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5-7-58</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>625X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct. 1947** to **Nov. 1949**, that I last saw the deceased alive on **11/17/49**, 1949, and that death occurred at **10:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. House</b> (Degree or title)	23b. ADDRESS <b>1716 Hampton Rd. Webster Groves Mo</b>	23c. DATE SIGNED <b>11/16/49</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV-17-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO</b>
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DATE REC'D BY LOCAL REG. <b>11-18-49</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Donke</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. E. House</b>	ADDRESS <b>Webster Groves Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 .....  
Student Embalmer

Signed *James R. Chapman*

Licensed Embalmer No. *4550*

P. O. Address *White Plains*

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.