

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26566

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <i>Franklin 0360</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Prairie 4MO</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>0336 Hancock Ave</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Roberts-Ville - MO. R. I.</i>		d. STREET ADDRESS (If incl. give location) <i>St. Louis - 0</i>	

3. NAME OF DECEASED a. (First) *Ann* b. (Middle) *Wend* c. (Last) *1*  
4. DATE OF DEATH (Month) (Day) (Year) *8-18-51*

5. SEX *Female* 6. COLOR OR RACE *W* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *widow* 8. DATE OF BIRTH *Aug-5-1884* 9. AGE (In years last birthday) *66* 10. MONTHS *0* 11. DAYS *13* 12. HOURS *0* 13. MINUTES *0*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *House work* 10b. KIND OF BUSINESS OR INDUSTRY *House work* 11. BIRTHPLACE (State or foreign country) *St. Louis - Mo* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *John Whitmore* 13b. MOTHER'S MAIDEN NAME *Brigid-Martin* 14. NAME OF HUSBAND OR WIFE *August*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *no* (If yes, give war or dates of service) *L* 16. SOCIAL SECURITY NO. *none* 17. INFORMANT'S SIGNATURE OR NAME *Howard Wendt* ADDRESS *6336 Hancock Ave*

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) *Coronary Thrombosis* (b) \_\_\_\_\_ (c) \_\_\_\_\_  
ANTECEDENT CAUSES *Diabetes Mellitus*  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS *Diabetes Mellitus*  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ p.m., from the causes and on the date stated above.

23a. SIGNATURE *W. E. McElroy - M.D.* (Degree or title) 23b. ADDRESS *St. Clair - Mo* 23c. DATE SIGNED *8/19/51*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *8-21-51* 24c. NAME OF CEMETERY OR CREMATORY *St. Peter's* 24d. LOCATION (City, town, or county) (State) *St. Louis - Mo.*

DATE REC'D BY LOCAL REG. *8-20-51* REGISTRAR'S SIGNATURE *E. L. Worthington* 25. FUNERAL DIRECTOR'S SIGNATURE *Howard W. Hatchell* ADDRESS *St. Clair, Mo.*

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 6 - 1951

DISTRICT HEALTH OFFICE No. 4

File No.

SEP 15 1951  
SEP 14 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Sherrard W. Mitchell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3893*

P. O. Address *St. Clair, 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 this body is not embalmed, fact should be so stated above.