

14906

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. ....

FILED APR 16 1952

BIRTH NO. 26501REG. DIST. NO. 318PRIMARY REG. DIST. NO. 10032383

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KIRKWOOD</u> <u>4000</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>MERAMAC TRAILER St-Rt. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHY</u> b. (Middle) <u>WENTWORTH</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH <u>2-5-52</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MINS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>THEODORE JOSEPH WENTWORTH</u>		13b. MOTHER'S MAIDEN NAME <u>DONNA MILDRED WADDELL</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>DONNA WENTWORTH-KIRKWOOD-Mo.</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES 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 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 <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>776X</u>			
22. I hereby certify that I attended the deceased from <u>2-5-1952</u> , to _____, 19 <u>52</u> , that I last saw the deceased alive on <u>2-5-1952</u> , and that death occurred at <u>5:02 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Heidi Fisher MD</u>		23b. ADDRESS <u>2727 Mo. Street Bldg.</u>	
23c. DATE SIGNED <u>3/12/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-13-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Jewish Hospital</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAR 13 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Carl Smith MD</u>		ADDRESS <u>Jewish Hospital 216 S. Kingshighway</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

Baby was only about 20 weeks gestation.

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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 Not embalmed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.