

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33596**FILED OCT 1 1952  
BIRTH NO. **44270** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8786**

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <b>2229</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>		d. STREET ADDRESS (If rural, give location) <u>22 1310 S 10<sup>th</sup> St City.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Womack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 19 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>7-22-52</u>
9. AGE (In years last birthday) <u>1</u>		10. MONTHS <u>29</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Womack</u>		13b. MOTHER'S MAIDEN NAME <u>Patricia Woodruff</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>R. Q. Harrison</u> ADDRESS <u>500 S. Kingshighway</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastro-enteritis &amp; dehydration</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid 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. <u>Prematurely</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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>5710</u>	
22. I hereby certify that I attended the deceased from <u>9-16</u> , 1952, to <u>9-19</u> , 1952, that I last saw the deceased alive on <u>9-19</u> , 1952, and that death occurred at <u>7:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John C. Herweg M.D.</u> (Degree or title)		23b. ADDRESS <u>Children's Hospital</u>	23c. DATE SIGNED <u>9-19-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 21, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridgewood</u>	24d. LOCATION (City, town, or county) (State) <u>Ridgewood Mo.</u>
DATE REC'D BY LOCAL REG. <u>SEP 19 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. J. Small</u> ADDRESS <u>1000 S. 10th St. St. Louis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *Defato No.*

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.