

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**3982**

State File No. ....

BIRTH NO. 6149 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0268

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St Louis</b>  c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>  c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Alton</b> <span style="float:right">8120</span>  d. STREET ADDRESS (If rural, give location) <b>337 Lindenwood Blvd</b> <span style="float:right">8</span>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Judd</b> b. (Middle) c. (Last) <b>Wuellner</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>January 9 1953</b>	
<b>5. SEX</b> Male <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> -	<b>8. DATE OF BIRTH</b> <b>January 8 1953</b>
<b>9. AGE</b> (In years last birthday)   <b>IF UNDER 1 YEAR</b>   <b>IF UNDER 1 HRS.</b> Months   Days   Hours   Mins. ---   ---   ---   ---		<b>10. BIRTHPLACE</b> (City and State or Foreign Country) <b>St Louis Missouri</b> <input checked="" type="checkbox"/>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) ---		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> ---	
<b>11. CITIZEN OF WHAT COUNTRY?</b> ---		<b>12. CITIZEN OF WHAT COUNTRY?</b> ---	
<b>13a. FATHER'S NAME</b> <b>Richard Joseph Wuellner</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ann Louise Shine</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> ---		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) ---	
<b>16. SOCIAL SECURITY NO.</b> ---		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Richard &amp; Ann Wuellner 337 Lindenwood</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Atelectasis</b>  ANTECEDENT CAUSES DUE TO (b) <b>Prematurity</b> DUE TO (c) <b>Maternal diabetes</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Multiple congenital defects including patent V-septum</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <span style="float:right">7696</span>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 8</u> , 19 <u>53</u> , to <u>Jan 9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 9</u> , 19 <u>53</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <b>Miriam M. Penney MD</b>		<b>23b. ADDRESS</b> <b>630 S. Kings Highway</b>	
<b>23c. DATE SIGNED</b> <b>1-9-53</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	
<b>24b. DATE</b> <b>1-10-1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>ST. JOSEPH'S CEMETERY ALTON, MADISON Co., ILLINOIS</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Alton, Ill.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Burke Funeral Home, Alton, Ill.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>JAN 10 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Earl Smith Md</b>	

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 NO EMBALM

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.