

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10617**

75246-53
FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **622**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Kirkwood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 66 min.		e. STREET ADDRESS (If rural, give location) 348 Electric St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Rajah	b. (Middle)	c. (Last) Wandix	Mar. 7, 1954			
5. SEX male	6. COLOR OR RACE col.	7. DECEASED NEVER MARRIED. NEVER MARRIED	8. DATE OF BIRTH 9-24-53	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (How kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Clayton, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew Wandix	13b. MOTHER'S MAIDEN NAME Ora Lee	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ora Lee Wandix - 348 Electric - Kirkwood

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		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonitis		
	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. Cerebral edema, hypox.			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-7-1954**, to **3-7-1954**, that I last saw the deceased alive on **3-7-1954**, and that death occurred at **8:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. T. Hamble, M.D.	23b. ADDRESS 601 St. Brentwood, Clayton 5, Mo.	23c. DATE SIGNED 3-7-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/11/54	24c. NAME OF CEMETERY OR CREMATORY St. Louis Crematory
24d. LOCATION (City, town, or county) (State) 5800 Arsenal St., St. Louis, Mo.		

DATE REC'D BY LOCAL REG. 3/11/54	REGISTRAR'S SIGNATURE Heber R. Sommers	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Louis Co. Hospital - 654 Brent
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

not embalmed
Dorothy D. Hazardorn
Asst Supt.

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.....
Signature of Student Embalmer

Signed.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.