

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42966**
Registrar's No. **11343**

XC # **144 46 05**
REG # **4573**
ST # **3513**
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY RICHLAND	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 915 N. GRAND, ST. LOUIS, MO.)	c. LENGTH OF STAY (in this place) 58 DAYS	c. CITY OR TOWN CLAREMONT	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) P.O. BOX #8	

3. NAME OF DECEASED (Type or Print) a. (First) CARL	b. (Middle) B.	c. (Last) WINGERT	4. DATE OF DEATH (Month) (Day) (Year) 12-12-54
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-2-92
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) SUMNER, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES WINGERT	13b. MOTHER'S MAIDEN NAME EFFIE CULTER	14. NAME OF HUSBAND OR WIFE JESSIE WINGERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. 356-16-6126	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, PULMONARY, LEFT		DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 11-17-54	19b. MAJOR FINDINGS OF OPERATION PNEUMONECTOMY, LEFT, WITH MEDIASTINAL NODE DISSECTION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 163X

22. I hereby certify that I attended the deceased from **11-4-54**, 19____, to **12-12-54**, 19____, and that death occurred at **11:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Otto K. Thielen (Degree or title) M. D.	23b. ADDRESS VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 12-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-13-54	24c. NAME OF CEMETERY OR CREMATORY Haven Hill Cemetery
24d. LOCATION (City, town, or county) (State) Olney Ill.		

DATE REC'D BY LOCAL REG. DEC 13 1954	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE A.H. Hopppe	ADDRESS 4704 Washington Ave.
---	--	---	-------------------------------------

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.....
Signature of Student Embalmer

Signed *John D. Bennett*.....

Licensed Embalmer No. *419*

P. O. Address *St. Louis*

- 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.