

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6585

State File No.

BIRTH NO. 2711254 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0776

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Overland</u> ^{123 K} ₁	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>4 hrs</u>		e. STREET ADDRESS (If rural, give location) <u>10215 Midland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Boy</u> c. (Last) <u>Wilm</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-1955</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>Apr 19, 1954</u>		9. AGE (In years last birthday) <u>9</u> ^{Months} <u>6</u> ^{Days} <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>X X</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis B. Perdue</u> ADDRESS <u>10215 Midland</u>	
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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>Rheumatic carditis</u> 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>Rheumatic pneumonia?</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4013</u>	

22. I hereby certify that I attended the deceased from 1-25-, 1955, to 1-25-, 1955, that I last saw the deceased alive on 1-25-, 1955 and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. Shuster</u> (Degree or title)		23b. ADDRESS <u>St. Louis Childrens Hosp.</u>		23c. DATE SIGNED <u>1-26-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-27-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Park</u>	
				24d. LOCATION (City, town, or county) (State) <u>Crevel Coeur, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>JAN 27 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William T. Brod, Inc.</u> ADDRESS <u>2504 Woodson Rd - Overland, Mo.</u>	
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S.P. (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.....
Signature of Student Embalmer

Signed *Oscar F. Mueller*.....

Licensed Embalmer No. *30*.....

P. O. Address *Overland*.....

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.