

STANDARD CERTIFICATE OF DEATH

State File No. **20503**FILED JUN 20 1955
BIRTH NO. **40-245-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4876**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN St. Louis, 9			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 5900 Loughborough 2029					
3. NAME OF DECEASED (Type or Print) a. (First) Karen b. (Middle) Jean c. (Last) Wilpert			4. DATE OF DEATH (Month) (Day) (Year) 6 2 55				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married			
8. DATE OF BIRTH 5 22 55		9. AGE (In years last birthday) 10		IF UNDER 1 YEAR 10 IF UNDER 4 HRS. 10 IF UNDER 15 HRS. 24			
10a. USUAL OCCUPATION (Give 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) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carl Heinz Wilpert		13b. MOTHER'S MAIDEN NAME Gloria Jean Branson			
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) no		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gloria Wilpert		18. ADDRESS 5900 Loughborough St. Louis, Mo.					
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) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydration & Acidosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 774X			
22. I hereby certify that I attended the deceased from 5 22 1955 , to 6 2 1955 , that I last saw the deceased alive on 6 2 1955 , and that death occurred at 12:47 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald B. Bond, M.D.		23b. ADDRESS 110 S. Central - Clayton, Mo.		23c. DATE SIGNED 6-3-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.							
DATE REC'D BY LOCAL REG. JUN 3 1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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 No Embalming, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin A. McBerrett
Licensed Embalmer No. 302

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.