

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1956

State File No. 18440

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5110

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 town(ship)) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5522 Robin Avenue,		e. STREET ADDRESS (If rural, give location) 5522 Robin Avenue,		2070	
3. NAME OF DECEASED (Type or Print)		a. (First) Caroline		b. (Middle) Wempen	
Carrie		Wempen		c. (Last) Peterson	
4. DATE OF DEATH		(Month) May,		(Day) 27,	
(Year) 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 10-19-1880		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Inspector, Ackley Uniform Co.		10b. KIND OF BUSINESS OR INDUSTRY Ackley Uniform Co.		11. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME - Wempen		13b. MOTHER'S MAIDEN NAME Gussie George	
14. NAME OF HUSBAND OR WIFE Unknown		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. 497-03-4407	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Evelyn Enste, 5522 Robin Avenue,		ADDRESS			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerotic Heart Disease & De-compensation		3-5 yrs	
		DUE TO (c) Arteriosclerosis		?	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Gastric Ulcer		3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420-0		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	
22. I hereby certify that I attended the deceased from February, 1954, to May 21, 1956, that I last saw the deceased alive on May 21, 1956, and that death occurred at 3:30 A.M., from the causes and on the date stated above.					
23a. SIGNATURE David Light D.O.		23b. ADDRESS 5738 W. Florissant		23c. DATE SIGNED 5-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5-31-1956.		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
24d. LOCATION (City, town, or county) St. Louis, County, Mo.		24e. (State)			
DATE REC'D BY LOCAL REG. MAY 28 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc. 2161 E. Fair Ave.	
				ADDRESS	

(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 *Clement W. McLean*

Licensed Embalmer No. *37*

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.