

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44070**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11038**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE ILLINOIS b. COUNTY MARIAN	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI	c. LENGTH OF STAY (in this place) 1 hr. 5 min	c. CITY OR TOWN ODIN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSPITAL		e. STREET ADDRESS (If rural, give location) R.F.D # 1	

3. NAME OF DECEASED (Type or Print) a. (First) KEITH b. (Middle) ALLEN c. (Last) WEHNING	4. DATE OF DEATH 12-2-56					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-2-56	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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) SALEM, ILLINOIS		CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME PHILLIP LOWELL WEHNING	13b. MOTHER'S MAIDEN NAME MARIE Mc CORMICK	14. NAME OF HUSBAND OR WIFE STEELE
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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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME So Jane Henrichsen - St. Louis Mo ADDRESS 505 KING HIGHWAY
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Erythroblastosis Fetalis		INTERVAL BETWEEN ONSET AND DEATH 20 hours
	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.		770.0	

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)
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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?
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22. I hereby certify that I attended the deceased from **12-2-56**, to **12-2-56**, that I last saw the deceased alive on **12-2-56**, and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Barbara Jones, M.D.	23b. ADDRESS 500 S. KING HIGHWAY	23c. DATE SIGNED 12-2-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-3-56	24c. NAME OF CEMETERY OR CREMATORY PEACEFUL VALLEY	24d. LOCATION (City, town, or county) (State) MARIAN P. ILL
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DATE REC'D BY LOCAL REG. DEC 3 1956	REGISTRAR'S SIGNATURE Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE John J. Kasey	ADDRESS E. St. Louis Ill
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(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

Pat Embalsmer

Signed *Joseph J. Kaseby*

Licensed Embalmer No. *Ill. 75*
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.