

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11560**

FILED MAR 18 1957

BIRTH NO. **28103-57** REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **547** Registrar's No. **554**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RICHMOND HEIGHTS</b>		c. CITY OR TOWN <b>FLORISSANT</b>	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) <b>0</b>		e. STREET ADDRESS (If rural, give location) <b>240 ST. NICHOLAS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LINDA ANN</b> b. (Middle) <b>WREN</b> c. (Last) <b>WREN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 28 1957</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB 28, 1917</b>	9. AGE (In years last birthday) <b>—</b> if UNDER 1 YEAR Months <b>—</b> if UNDER 12 HRS. Days <b>—</b> Hours <b>1</b> Min. <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RICHMOND HEIGHTS, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>FRANK WREN</b>		
13b. MOTHER'S MAIDEN NAME <b>SHIRLEY ZAHNINGER</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>FRANK WREN, FLORISSANT, MO</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION <b>menstrual (effort not who got)</b> <b>Parents, Maria &amp; Vincent Sebastian</b> <b>Circumvallate Parents</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1'10"</b>
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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?
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22. I hereby certify that I attended the deceased from **1/25/57** to **2/28/57**, 19**57**, that I last saw the deceased alive on **2/28/57**, 19**57**, and that death occurred at **7:25 p.m.** from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <b>Robert B. Donleavy MD</b> (Degree or title)	23b. ADDRESS <b>634 N. Grand Ave.</b>	23c. DATE SIGNED <b>3/1/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH 1, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SACRED HEART</b>
24d. LOCATION (City, town, or county) (State) <b>FLORISSANT, MO.</b>		25. GENERAL DIRECTOR'S SIGNATURE <b>Gene A. Hutchens</b> ADDRESS <b>FLORISSANT, MO</b>
DATE REC'D BY LOCAL REG. <b>3/1/57</b>	REGISTRAR'S SIGNATURE <b>Robert B. Donleavy MD</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>Gene A. Hutchens</b> ADDRESS <b>FLORISSANT, MO</b>

WRITE PLAINLY—USING UNFADEING 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 NOT EMBALMED, Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Gene Swutchess

Licensed Embalmer No. 4966

P. O. Address Flourmont, N.C.

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.