

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

30485

No. 300
10.48

FILED SEP 11 1957

State File No. _____
Registrar's No. **2099**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Normandy		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 7 Hours		e. STREET ADDRESS (If rural, give location) 2670 1813 Cass Ave., 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital		f. FULL NAME OF HOSPITAL OR INSTITUTION _____	
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) _____ c. (Last) Wagner		4. DATE OF DEATH (Month) (Day) (Year) 8 20 57	
5. SEX Female ?	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8/20/57
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Lorraine Hall	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Lorraine E. Wagner ADDRESS 1813 Cass Ave. (6)

<p>18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)</p> <p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>	MEDICAL CERTIFICATION		<p>INTERVAL BETWEEN ONSET AND DEATH</p>
	<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurely Incompatible</p> <p>ANTECEDENT CAUSES</p> <p>DUE TO (b) to Life</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>		
	<p>19a. DATE OF OPERATION</p> <p>19b. MAJOR FINDINGS OF OPERATION Essence Myo-fibrinosa of muscles</p>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Essence Myo-fibrinosa of muscles	20. AUTOPSY? 2 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 12:00 pm **1957**, to 8:00 pm **1957**, that I last saw the deceased alive on 8/20, **1957**, and that death occurred at 8:00 m., from the causes and on the date stated above.

23. SIGNATURE <i>Frank Simon Jr</i>	(Degree or title) D.O.	23b. ADDRESS 7250-A Natural Bridge Rd. St. Louis Mo.	23c. DATE SIGNED 9/22/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/22/57	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. 9-22-57	REGISTRAR'S SIGNATURE <i>Herbert Blanche MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F. Home	ADDRESS Overland, Mo.
---	---	---	--

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 *W. J. Entman* Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *al C. Ostmann*.....

Licensed Embalmer No. *347*.....

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.