

Health,  
& Welfare  
S. Public  
with Service

S. 300  
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Securing the medical certification in the same manner required by 193.140 MoRS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 22 1957

STANDARD CERTIFICATE OF DEATH

42901

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2811

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis.</u>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis.</u>               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Clayton.</u>  |                               | c. CITY OR TOWN <u>Pine Lawn</u> <u>4151</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital 3 Wks</u>  |                               | d. STREET ADDRESS (If outside, give location) <u>4419 Oakwood</u>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Finier</u> Middle <u>Carl</u> Last <u>Wayne</u>   |                               | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>10.</u> Year <u>1957</u>   |   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 15, 1916</u>                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>  |                               | 100. KIND OF BUSINESS OR INDUSTRY <u>Upholstering</u>   | 11. BIRTHPLACE (City and state or country) <u>Holcumb, Missouri.</u>      |
| 13. FATHER'S NAME <u>Noel Wayne</u>   |                               | 14. MOTHER'S MAIDEN NAME <u>Minnie Dye</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW2 (60 days)</u>   |                               | 16. SOCIAL SECURITY NO. <u>486-16-5024</u>  | 17. INFORMANT Address <u>Clara M. Wayne, 4419 Oakwood, Pine Lawn, Mo.</u> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia</u><br>DUE TO (b) <u>Arteriosclerotic nephrosclerosis</u><br>DUE TO (c) <u>442X</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1) Pituitary hyperplasia; Hypertensive cardiovascular disease</u> |                               |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                               | 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a. m. _____ p. m. _____   |                               |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                                 |
| 21. I attended the deceased from <u>10-19-57</u> to <u>11-10-57</u> and last saw <u>her</u> alive on <u>11-10-57</u><br>Death occurred at <u>9:22</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |   |
| 22a. SIGNATURE (Degree or title) <u>Therese J. Finier, MD</u>   |                               | 22b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>   | 22c. DATE SIGNED  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  | 23b. DATE <u>11-11-57</u>     | 23c. NAME OF CEMETERY OR CREMATORY <u>Lloyd Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Holcumb, Missouri.</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe 4700 Washington, Blvd.</u>  |                               | 25. DATE RECD. BY LOCAL REG. <u>11-12-57</u>  | 26. REGISTRAR'S SIGNATURE <u>Herbert S. Danche MD</u>                     |

FEB 13 1958

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 Robert M. Murray

Licensed Embalmer No. 3749

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.