

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **46905**

FILED JAN 7 1958

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 3036	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Koch		c. LENGTH OF STAY (in this place) 394 days		c. CITY OR TOWN ST. LOUIS 4210		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSPITAL				e. STREET ADDRESS (If rural, give location) 3326 EMINENCE			
3. NAME OF DECEASED (Type or Print) a. (First) ANNA			b. (Middle) _____			c. (Last) WREN	
4. DATE OF DEATH (Month) (Day) (Year) 12 1 57		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
8. DATE OF BIRTH Sept. 3 1870		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) St. Louis ? Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Wren		13b. MOTHER'S MAIDEN NAME Mary Lively		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no NONE		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RECORD ROOM ROBERT KOCH HOSPITAL			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION KOCH, MO. CEREBROVASCULAR ACCIDENT				INTERVAL BETWEEN ONSET AND DEATH 30 days	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIOSCLEROSIS					
		DUE TO (c) 331X					
		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? 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) m.		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 11-21 , 19 56 , to 12-1 , 19 57 , that I last saw the deceased alive on 12-1 , 19 57 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arcl R. Brown M.D.				23b. ADDRESS ROBERT KOCH HOSPITAL		23c. DATE SIGNED 12/2/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 12/4/57		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St/ Louis Mo.	
DATE REC'D BY LOCAL REG. 12-3-57		REGISTRAR'S SIGNATURE Robert R. Daniels M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967 W. Florissant Ave.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

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 *Elton H. Remelius*

Licensed Embalmer No. *4283*

P. O. Address *St. Louis, Mo.*

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.