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FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 28097-57

3800
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 267

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS. Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: GLENNON MEMORIAL. Length of stay in 1b: 4 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY:
c. CITY OR TOWN: ST. LOUIS. Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3159 BENT. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First BRENDA Middle — Last WINGBERMUEHLE
4. DATE OF DEATH: Month 1 Day 8 Year 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-18-1957
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months 11 Days 21
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: NONE
11. BIRTHPLACE (City and state or country): ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: JUSTIN WINGBERMUEHLE
14. MOTHER'S MAIDEN NAME: JANET BALVIN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Justin Wingbermuehle Address: 3159 Bent

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) _____ INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PENTALOGY OF FALLOT. due to — 11 + mo
DUE TO (c) Congenital Cyanotic Heart Disease — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 754.5
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/5/58, to 1-8-58 and last saw her/him alive on 1-8-58
Death occurred at 4:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): C. Rollins Haulan MD
22b. ADDRESS: 1325 S Grand Blvd.
22c. DATE SIGNED: 1/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-10-1958
23c. NAME OF CEMETERY OR CREMATORY: St Peter Paul Cem
23d. LOCATION (City, town, or county) (State): St Louis Mo
24. FUNERAL DIRECTOR: Wingbermuehle ADDRESS: 3819 So Grand Blvd.
25. DATE RECD. BY LOCAL REG.: JAN 9 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George J. Wingbermuehle

Licensed Embalmer No. 46

P. O. Address [illegible] 18

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.