

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046549

FILED JAN 5 1958
SL 16980

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

12308

300
1-57

| | | | |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY IRON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN IRONTON 0470 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL | | Length of stay in lb 191 DAYS | d. STREET ADDRESS (If outside, give location) 33 |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE L. WREN | | | 4. DATE OF DEATH Month Day Year DECEMBER 18, 1958 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 5/2/13 |
| 9. AGE (In years last birthday) 45 | | 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) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) ARCADIA, MISSOURI |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME WALTER WREN | |
| 13b. MOTHER'S MAIDEN NAME LORA REAVES | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW211 | | 16. SOCIAL SECURITY NO. 489-14-8705 | 17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO. Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY INSUFFICIENCY PULMONARY TUBERCULOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) - - - - - 002X - - - - - DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 1 MONTH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> / |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 6-11-58 to 12/18/58 and last saw him alive on 12/18/58 Death occurred at 9:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Albert H. Hoppe</i> M.D. | | 22b. ADDRESS VAH, ST. LOUIS, MO. | 22c. DATE SIGNED 12/18/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-18-58 | 23c. NAME OF CEMETERY OR CREMATORY BELTNER, M.D. | 23d. LOCATION (City, town, or county) (State) Ironton, Mo. |
| 24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington, Blvd. | | 25. DATE RECD. BY LOCAL REG. DEC 20 58 | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, MD</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 E. W. P. Pennington

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.