

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011656
STATE FILE NUMBER

APR 6 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 876

300
1-57

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, give TOWNSHIP only) OR TOWN Clayton, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maplewood 4524		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital 45 MIN		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 7778 Folk, Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RITA Middle ANN Last WINES			4. DATE OF DEATH Month 3 Day 30 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 25, 1955		9. AGE (In years last birthday) 4 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0
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, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles F. Wines		13b. MOTHER'S MAIDEN NAME Helen Cross		14. NAME OF HUSBAND OR WIFE Nil.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Nil.	17. INFORMANT Charles F. Wines, 7778 Folk, Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive laceration of brain substance Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Subconcious fracture of skull DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTEGRITY BETWEEN ONSET AND DEATH 45 min.
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) RAN INTO STREET IN FRONT OF CAR.			
20c. TIME OF INJURY Hour 4:30 Month 3 Day 30 Year 59 a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 126			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION SULLIVAN		STATE MISSOURI	
21. I attended the deceased from 3-30-1959 to 3-30-1959 and last saw her alive on 3-30-1959 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frederick A. Peterson, M.D.			22b. ADDRESS 601 S. BRENTWOOD BLVD.		22c. DATE SIGNED 3-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-2-59	23c. NAME OF CEMETERY OR CREMATORY LOCAL		23d. LOCATION (City, town, or county) (State) Sullivan, Mo.
24. FUNERAL DIRECTOR Shaffer's Chapel, Sullivan, Missouri.			25. DATE RECD. BY LOCAL REG. 3-31-59		26. REGISTRAR'S SIGNATURE John C. Murphy, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must use only standard nomenclature in item 18. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Lawrence C. Gealey*

Licensed Embalmer No. *4979*

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.