

FILED VS SEP 22 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-034479
State File No. 2 8169
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4880</u>		d. STREET ADDRESS (If rural, give location) <u>921 Liggett Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>921 Liggett Ave.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>Alex R. Wellborn</u>		<u>8</u>		<u>28</u>		<u>59</u>			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)			
<u>Male</u>	<u>White</u>	<u>NEVER MARRIED</u>		<u>8-28-55</u>		<u>2 1/2</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?			
_____		_____		<u>St. Louis Missouri</u>		<u>USA</u>			
13a. FATHER'S NAME <u>Paul Robert Wellborn</u>			13b. MOTHER'S MAIDEN NAME <u>Carolyn Margaret Robert</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			
_____		_____		<u>Paul Robert Wellborn</u>		<u>921 Liggett</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				<u>PREMATURITY 30 WKS.</u>				<u>3 HRS.</u>	
ANTECEDENT CAUSES				<u>GESTATION</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
<u>776x</u>				_____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input 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)		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 <u>8-28</u> , 19 <u>59</u> , to <u>8-28</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>8-28</u> , 19 <u>59</u> and that death occurred at <u>5:10 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED			
<u>Steu Wierner M.D.</u>				<u>16 Hampton Village Pkwy</u>		<u>8.28.59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>9-30-59</u>		<u>9-30-59</u>		<u>Anatomical Board</u>		<u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEP 3 1959</u>		REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Akers</u>		ADDRESS <u>4104 Manchester</u>			

mrc (Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed.....

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.