

FILED FEB 23 1943

Registration District No. 218

Primary Registration District No. 1000

Registrar's No. 1395

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central District Office 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Capt. Thomas A. Wren

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0 S.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 27th., 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 7 13 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Captain, Police Dept.

11. Industry or business _____

MOTHER FATHER { 12. Name James Wren 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Jackson (State or foreign country)

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lieut. Joseph A. Wren

(b) Address 3136 Allen Ave.

17. (a) Burial (b) Date thereof 2-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 12 1943 (b) J. F. Biedeck
(Date of record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 003
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9 17
(d) Street No. 3136 Allen Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th.,
year 1943 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 1942 to Feb. 10, 1943
that I last saw him alive on Feb 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary embolus

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

3. Signature E. H. Bowler (M. D. or other)
Address 634 M. Road Date signed 2-11-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. Edward Bowdern
Mo. The. Bldg.
2-4

✓

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.