

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15284

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **1141**

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILL. b. COUNTY ST. CLAIR		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHMOND P. HTS. ST. LOUIS		c. LENGTH OF STAY (in this place) 1 Mo. 23 D	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. ST. LOUIS		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			d. STREET ADDRESS (If rural, give location) 331 COLUMBIA PL.		
3. NAME OF DECEASED (Type or Print) a. (First) DIANNE b. (Middle) LYNNE c. (Last) WALLER			4. DATE OF DEATH (Month) (Day) (Year) MAY 3, 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH MARCH 10, 1950	9. AGE (In years last birthday) 1 Months 1 Days 23 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) E. ST. LOUIS, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HENRY WALLER		13b. MOTHER'S MAIDEN NAME MARIE JOHNSON		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. NONE	17. INFORMANT'S SIGNATURE OR NAME Henry Waller ADDRESS		
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, ashenia, etc.* It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningocele since birth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Novocaine sensitivity DUE TO (c) sudden episode after nov. injection II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 March 1950 , to May 3, 1950 , that I last saw the deceased alive on May 3 1950 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W. W. O'Leary, M.D.		23b. ADDRESS 11 Hampton Village		23c. DATE SIGNED May 3	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-5-50	24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL CEM.	24d. LOCATION (City, town, or county) (State) BELLEVILLE, ILL.		
DATE REC'D BY LOCAL REGS. MAY 3 1950		REGISTRAR'S SIGNATURE Robert Clark, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Barnes, E. St. Louis, Ill. ADDRESS	

(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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Philip Ogden

Licensed Embalmer No. *7091*

P. O. Address *East St. Louis, Ill.*

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.