

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14935**
Registrar's No. **3347**

BIRTH NO. 26-750-51 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 14hrs 21mins	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119	
3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Wren		4. DATE OF DEATH (Month) (Day) (Year) 3-29-51	
5. SEX Fem. 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 3-28-51
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 0 <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 DAY	
10a. BIRTHPLACE (State or foreign country) Missouri		10b. CITIZEN OF WHAT COUNTRY U	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Drew Wren		13b. MOTHER'S MAIDEN NAME Bernice Redley	
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 Mary D. Jett ADDRESS 2601 N. Whittier	
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) Premature birth ANTECEDENT CAUSES Morbid 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.	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 3-28-51 to 3-29-51 that I last saw the deceased alive on 3-29-51 , and that death occurred at 1:30p.m. , from the causes and on the date stated above.		21f. HOW DID INJURY OCCUR? 776X	
23a. SIGNATURE W. P. Suckles (Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 4-4-51		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 6 APR 10 1951		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 10 1951 J. B. Fasator		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS	

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.