

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21620

State File No.

BIRTH NO. 4133351 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2430

1. PLACE OF DEATH a. COUNTY <u>ST. Louis County</u>		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 township) <u>Richmond Heights</u>	c. LENGTH OF STAY (in this place) <u>2 HRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>44 TOWN Richmond Heights 4495</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Marys Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>4946 1/2 Kemper Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY Boy Wandersee</u> b. (Middle) <u>WANDERSEE</u> c. (Last) <u>WANDERSEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1951</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>()</u>	8. DATE OF BIRTH <u>6-14-1951</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins. <u>2</u>
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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) <u>Missouri ()</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lloyd Wandersee</u>	13b. MOTHER'S MAIDEN NAME <u>Mildred Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Johnson</u>	ADDRESS <u>4946 1/2 Kemper</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CIRCUMVALLATE PLACENTAL SEPARATION</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>NOT KNOWN</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>701.6</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from birth 6-14-51, to death, 1951, that I last saw the deceased alive on 6-14, 1951 and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Erwin T. Huber M.D.</u>	23b. ADDRESS <u>Mo Theatre Bldg</u>	23c. DATE SIGNED <u>6-15-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Belle Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-15-51</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Drake M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kulla</u>	ADDRESS <u>2906 Davis</u>
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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Not Embalmed

Student Embalmer No.....

Signed..... *James C. Hill*

Licensed Embalmer No. *43479*

P. O. Address *2906 Navas*

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.