

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31525**
5841

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Village of Warson Woods 4640	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1109 North Drive	
3. NAME OF DECEASED (Type or Print) a. (First) Dorthymae b. (Middle) Halsey c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 28, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 21, 1912
9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months 1 Days 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? America		13a. FATHER'S NAME Arthur A. Wenzel	
13b. MOTHER'S MAIDEN NAME Harriet Wachs		14. NAME OF HUSBAND OR WIFE Wilbur A. Halsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Wilbur A. Halsey		ADDRESS Village of Warson Woods	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Barbiturate Poisoning; suffered when deceased took an overdose of prescribed sedative.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. while drinking alcoholic liquors all to her home on June 28, 1951.	
II. OTHER SIGNIFICANT CONDITIONS about 1:30 am - mother accidental or suicidal		Conditions contributing to the death but not related to the disease or condition directly leading to death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION cannot be determined open Verdict	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE Open Verdict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 400 (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? 687/10			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:09 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Patrick Taylor Coroner		23b. ADDRESS 1300 Clark Ave.	
23c. DATE SIGNED 6/29/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6/30/51	
24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Alton Ill.	
DATE REC'D BY LOCAL REG. J. B. Larater		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger		ADDRESS Kirkwood	

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

JUN 29 1951

FIG 2 - 1957

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ray W Wilkinson

Licensed Embalmer No. 35775

P. O. Address St Louis Mo

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.