

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

6335

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1652**

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 4 days		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 4025 Parker Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Elmo	b. (Middle) L.	c. (Last) De Wein	4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1952
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 21, 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	10b. KIND OF BUSINESS OR INDUSTRY Sears & Roebuck	11. BIRTHPLACE (State or foreign country) Perryville, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John De Wein	13b. MOTHER'S MAIDEN NAME Lena Thiret	14. NAME OF HUSBAND OR WIFE Ina May De Wein
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 498-01-9086	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ina May DeWein - 4025 Parker	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary sclerosis		
	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 checked="" type="checkbox"/> NO <input 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? H201
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22. I hereby certify that I attended the deceased from **1/22**, 19**52**, to **Feb. 20, 1952**, that I last saw the deceased alive on **Feb. 20, 1952**, and that death occurred at **22:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Bergman (Degree or title) M.D.	23b. ADDRESS 3920 Washington	23c. DATE SIGNED 2/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2/23/52	24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 21 1952 J. C. Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral - 1905 Union Blvd.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. H. F. Bergman
3720 Washington

(8:30-9:30)
2-3

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 Warren R. Carver

Licensed Embalmer No. 353

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.