

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33604

State File No. ....

FILED OCT 1 1952  
BIRTH NO. 41398 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8563

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wassonville</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 yrs. - 5 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>OWENSVILLE</u>		<u>0370</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Louis CHILDREN'S Hosp</u>			d. STREET ADDRESS (If rural, give location) <u>503 CHERRY ST.</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>WYNNE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 11 52</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>7-8-52</u>		9. AGE (In years last birthday) <u>2</u> <u>3</u> MONTHS <u>3</u> DAYS <u>3</u> HOURS <u>0</u> 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) <u>WASHINGTON Mo</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Wynne</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Shepherd</u>		14. NAME OF HUSBAND OR WIFE	
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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.		17. INFORMANT'S SIGNATURE OR NAME <u>R. C. Norman Sr. King Henry</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. diarrhoea &amp; acute cardiac failure</u> ANTECEDENT CAUSES Morbidity 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. <u>Anemia &amp; hypoproteinaemia</u>			INTERVAL BETWEEN ONSET AND DEATH
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR <u>5710</u>	
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22. I hereby certify that I attended the deceased from 8-16, 1952 to 9-11, 1952, that I last saw the deceased alive on 9-11, 1952, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John E. Herweg M.D.</u> (Degree or title)		23b. ADDRESS <u>500 S. Kingshighway</u>		23c. DATE SIGNED <u>9-12-52</u>	
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24a. BURIAL, CREMATION, REMOVAL <u>removal</u>		24b. DATE <u>9-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY	
				24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo</u>	

DATE REC'D BY LOCAL <u>SEP 12 1952</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	
				ADDRESS <u>4700 Washington</u>	

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

*Fred J. Farmer*

Licensed Embalmer No. *4788*

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.