

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8092

57096  
FILED MAR 11 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1785

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. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hosp.				d. STREET ADDRESS (If rural, give location) 18 912 So. Sarah 0			
3. NAME OF DECEASED (Type or Print) a. (First) Danny b. (Middle) Wisdom c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-15-53				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH August 4, 1952	9. AGE (In years last birthday) 6	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. ✓		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elmon Wisdom			13b. MOTHER'S MAIDEN NAME Lucyann Kell		14. NAME OF HUSBAND OR WIFE single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Elmon Wisdom, 912 S. Sarah			ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>intestinal obstruction</u> DUE TO (c) <u>stenosis of stomach</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic peptic ulcer</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>obstruction</u>				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5705			
22. I hereby certify that I attended the deceased from <u>July 15, 1952</u> , to <u>July 15, 1953</u> , that I last saw the deceased alive on <u>July 15, 1953</u> , and that death occurred at <u>6:30</u> m., from the causes, and on the date stated above.							
23a. SIGNATURE <u>H. S. Pyre</u> (Degree or title) M.D.				23b. ADDRESS <u>21524 Cherokee</u>		23c. DATE SIGNED <u>2-17-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-17-53		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill		24d. LOCATION (City, town, or county) (State) St. Louis Co., MO.	
DATE REC'D BY LOCAL REG. 2-16-53		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> b.o.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland-Aker-4104 Manchester			

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O. Yohube

Licensed Embalmer No. 3917

P. O. Address St. Louis

**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.