

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16354

State File No. 4266

FILED MAY 14 1953		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 Missouri b. COUNTY Jeff.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crystal City		d. STREET ADDRESS (If rural, give location) 0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.				d. STREET ADDRESS (If rural, give location) 0501			
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) Boy c. (Last) Wehner			4. DATE OF DEATH (Month) (Day) (Year) 4-24-53				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-24-53	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Wehner			13b. MOTHER'S MAIDEN NAME Laura Johnston		14. NAME OF HUSBAND OR WIFE		
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 (ADDRESS) William Wehner Crystal City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 6 months gestation					
		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 type="checkbox"/> NO <input 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? 776X			
22. I hereby certify that I attended the deceased from 4:24, 1953, to 4:24, 1953, that I last saw the deceased alive on 4:24, 1953, and that death occurred at 1:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph M. Stets M.D.			23b. ADDRESS 634 N. Grand			23c. DATE SIGNED 4:24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-53		24c. NAME OF CEMETERY OR CREMATORY Lamed		24d. LOCATION (City, town, or county) (State) Festus Mo.	
DATE REC'D BY LOCAL REG. APR 25 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.P.		25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Follette		ADDRESS Crystal City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

not embalmed

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 *Gentry R. Palitte*

Licensed Embalmer No. *34819*

P. O. Address *Crystal City, 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.