

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20227

State File No.

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>6321a Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant Karen</u> b. (Middle) _____ c. (Last) <u>Wedberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 15 1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 14 1953</u>		9. AGE (In years last birthday) <u>7</u> # UNDER 1 YEAR (Months) <u>1</u> # UNDER 2 HRS. (Hours) _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baby</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John H. Wedberg</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Ludwig</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John H. Wedberg</u>		ADDRESS <u>6321a Maple</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, asphyxia, 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) <u>atelectasis</u>		ANTECEDENT CAUSES					
		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>7620</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5-14, 1953, to 5-15, 1953, that I last saw the deceased alive on 5/15, 1953, and that death occurred at 6:11 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wey Jones</u>		23b. ADDRESS <u>1500 Olive St. St. Louis</u>		23c. DATE SIGNED <u>5/15/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE. <u>5/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-16-53</u>		REGISTRAR'S SIGNATURE <u>Harbert R. Dombi - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Schumather</u>		ADDRESS <u>3013 Meramec</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

05

0.300
0.48

Dr. Tracy Jones
Feter Bldg.
4500 Olive

1923

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer _____

Signed Jack Haupt

Licensed Embalmer No. 4746

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.