

STANDARD CERTIFICATE OF DEATH

State File No. **27016**  
Registrar's No. **6175**

FILED JUL 31 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>26 2407 1/2 Hadley Street.</b>	
3. NAME OF DECEASED (Type or Print) <b>Mamie</b>		4. DATE OF DEATH <b>June 20, 1953</b>	
a. (First)		b. (Middle)	
5. SEX <b>Female</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
6. COLOR OR RACE <b>White</b>		8. DATE OF BIRTH <b>Sept. 1, 1901</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
13a. FATHER'S NAME <b>Riley Graves</b>		14. NAME OF HUSBAND OR WIFE <b>Late Wm. Wenrick.</b>	
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 <b>Edwrad Murphy</b>		ADDRESS <b>3308 N. 21st Street.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anaphylactic shock from pontocaine</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>pontocaine injection --intercostal block</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Fleurisy</b>	
19a. DATE OF OPERATION <b>6-20-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cardiac massage for resuscitation.</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>St. Luke's Hospital</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis</b>		(COUNTY) <b>Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>5190</b>			
22. I hereby certify that I attended the deceased from <b>6-20</b> , 19 <b>53</b> , to <b>6-20</b> , 19 <b>53</b> that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12.25Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John W. Berry</b>		23b. ADDRESS <b>St. Lukes Hospital</b>	
(Degree or title) <b>M.D.</b>		23c. DATE SIGNED <b>6-20-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 23, 1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUN 22 1953</b>		REGISTRAR'S SIGNATURE <b>Charles Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Leidner Und. Co.</b>		ADDRESS <b>2223 St. Louis Ave.</b>	

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. ....

Signed \_\_\_\_\_

*John P. Buchholz*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1674*

P. O. Address *2233 St Louis Ave*

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.