

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27046

State File No.

FILED JUL 31 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6672

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place) 3 hrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
3. NAME OF DECEASED (Type or Print) Thomas Roy Wingo		4. DATE OF DEATH (Month) (Day) (Year) July 3, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Aug 12, 1885
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY Shaw's Garden	11. BIRTHPLACE (State or foreign country) Kentucky
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardner		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Newt Wingo		13b. MOTHER'S MAIDEN NAME Blalock	
14. NAME OF HUSBAND OR WIFE Tommie Wingo		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. 497-09-6051		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tommie Wingo 4231 Shenandoah	
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) ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 checked="" 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? 4201	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:20 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor Coronist		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7.6.53.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/7/53	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
DATE REC'D BY LOCAL REG. JUL 6 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois	

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

E. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

7027 Grosvenor

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.