

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

FILED OCT 15 1953

State File No. **34291**
Registrar's No. **8734**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4256 Miami	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Milton C. b. (Middle) Wensel c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1953		
---------------------------------------------------------------------------------------------------------------	--	--	----------------------------------------------------------------------	--	--

5. SEX male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 26, 1930	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
-----------------------------------------------------------	----------------------------------	--------------------------------------------------------------------------	------------------------------------------	--------------------------------------------------	---------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
----------------------------------------------------------------------------------------------------------------------	------------------------------------------	---------------------------------------------------------------------------	-------------------------------------

13a. FATHER'S NAME Milton F. Wensel	13b. MOTHER'S MAIDEN NAME Esther Drebes	14. NAME OF HUSBAND OR WIFE Sandra Wensel
------------------------------------------------------	----------------------------------------------------------	------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Sandra Wensel	ADDRESS 4256 Miami
--------------------------------------------------------------------------------------------------------------------------------------	--------------------------------	------------------------------------------------------------------	-------------------------------------

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 8 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bulbar Polio myelitis		
	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 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) 080.0
-------------------------------------------------	-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------

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?
-----------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	-----------------------------------

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 9/7, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Harold Franklin M.D.</i>	(Degree or title)	23b. ADDRESS 4409 Washline	23c. DATE SIGNED 9/8/53
------------------------------------------------------	-------------------	---------------------------------------------	------------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-10-53	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
-------------------------------------------------------------------	------------------------------------	--------------------------------------------------------------------	-------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. SEP 9 1953	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand Blvd.
------------------------------------------------------	--------------------------------------------------------	-------------------------------------------------------------------------	----------------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Harold Franklin
4409 W. Pine
3 15 to 5 p.m.

FEB 28 1958

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

Harold Franklin

Licensed Embalmer No. 4242

P. O. Address 6322 So. Main

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.