

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37778

State File No. 10131

FILED NOV 6 - 1953

BIRTH NO. 39444 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2751

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) OR TOWN <u>Ferguson</u>		c. CITY OR TOWN <u>Ferguson</u> <u>4049</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (In this place) <u>6 Mos.</u>		* STREET ADDRESS (If rural, give location) <u>10068 Bon Oak</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10068 Bon Oak</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GLORIA</u>	b. (Middle) <u>DAWN</u>	c. (Last) <u>WING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-23-53</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>4-15-53</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>0 6 8</u>	IF UNDER 1 YEAR IF UNDER 2 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Roy W. Wing</u>	13b. MOTHER'S MAIDEN NAME <u>Jean M. Tomlinson</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) (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>Mrs R. W. Wing</u>	ADDRESS <u>Grand Junction, Colo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks -</u> <u>3403</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Assoc. with Mongolism</u> DUE TO (c) <u>Unknown Cause</u>		
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 <u>—</u>	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 April 11, 1953 to Oct 23, 1953 that I last saw the deceased alive on Oct 23, 1953 and that death occurred at 10P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Seymour Monat (M.D.)</u>	(Degree or title)	23b. ADDRESS <u>W. N. Brentwood Clayton</u>	23c. DATE SIGNED <u>10-24-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grand Junction</u>	24d. LOCATION (City, town, or county) (State) <u>Grand Junction, Colorado</u>
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DATE REC'D BY LOCAL REG. <u>10/24/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donker, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL</u>	ADDRESS <u>FERGUSON, MO.</u>
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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.....
Signature of Student Embalmer

Signed..... *L. M. White*

Licensed Embalmer No. 3973.....

P. O. Address Ferguson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.