

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25588

State File No.

BIRTH NO. <u>27412-54</u>		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1623</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, specify before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Webster Groves Mo</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>129 Almentor Pl</u>			
3. NAME OF DECEASED (Type or Print) <u>Naomi Wadley</u>			a. (First)			b. (Middle)			
5. SEX <u>Female</u>			6. COLOR OR RACE <u>Negro</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			9. AGE (In years last birthday) <u>3 mos</u>			
11. BIRTHPLACE (State or foreign country) <u>Webster Groves Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 6 54</u>			
3a. FATHER'S NAME <u>Clarence Wadley</u>			13b. MOTHER'S MAIDEN NAME <u>Annie Jackson</u>			14. NAME OF HUSBAND OR WIFE <u>Clarence Wadley</u>			
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>Clarence Wadley</u> ADDRESS <u>129 Almentor</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>from extensive subdural and subarachnoid accumulation of blood, probably due to traumatic injury, leading to respiratory depression and death, suffered in her home, in an unknown manner and at an unknown time. Deceased expired suddenly and without warning while parents were absent, & was brought by friends to St. Louis County Hosp. for examination</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
9a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>Were absent, & was brought by friends to St. Louis County Hosp. for examination</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
1a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Open</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Groves St. Louis Mo.</u>		21f. HOW DID INJURY OCCUR? <u>Unknown</u>			
1d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>July 6, 1954 5:27 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Unknown</u>		135-9360-23			
2. 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 _____ m., from the causes and on the date stated above.									
3a. SIGNATURE <u>Arnold J. Kullmann</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>7-14-54</u>			
a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 9 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sappington Mo</u>			
DATE REC'D BY LOCAL REG. <u>1954</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Somers</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Theodore J. Yandell</u> ADDRESS <u>1308 Bluff Webster Groves Mo</u>					

✓ 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.....

Herbert J. Yander

Signed.....
Student Embalmer

Licensed Embalmer No. 4243

P. O. Address. 130, Eldon
Missouri

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

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