

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3267**  
Registrar's No. **0360**

BIRTH NO. \_\_\_\_\_ 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>Mo</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Webster Groves</b> 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) _____		STREET ADDRESS (If rural, give location) <b>143 Warson Woods 4007</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>408 Olive</b>			

3. NAME OF DECEASED (Type or Print) <b>CHARLES CLEVELAND WROUGHTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-13-1955</b>		
a. (First)	b. (Middle)		c. (Last)		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-1-1884</b>		9. AGE (In years last birthday) <b>70</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Director</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Brokerage</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Nelson Neb.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John B Wroughton</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Starr</b>		14. NAME OF HUSBAND OR WIFE <b>Letha Wroughton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C.C. Wroughton Webster Groves</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>			<b>10 min.</b>
		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) _____	
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>4201</b>	

22. I hereby certify that I attended the deceased from **July**, 19**54**, to **Jan 13**, 19**55**, that I last saw the deceased alive on **Jan. 7**, 19**55**, and that death occurred at **12:27** m., from the causes and on the date stated above.

23a. SIGNATURE (Deed or file) <b>George W. Stear</b>		23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED <b>1-13-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-15-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cem.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Detroit Mich.</b>			

DATE REC'D BY LOCAL REG. <b>JAN 14 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McFarber-Admich 7 Home Webster Groves Mo.</b>	
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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 *Leslie Welch*.....

Licensed Embalmer No. *4392*

P. O. Address *Helena, Mont.*

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.