

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1955

State File No. 28275
7298

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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 town or township) St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6520 Morganford Road		e. STREET ADDRESS (If rural, give location) 6520 Morganford Road			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) John Henry c. (Last) Wand			4. DATE OF DEATH (Month) (Day) (Year) 8-20-1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-10-1907		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ass't Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY Johnson Foil Co		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Henry Wand		13b. MOTHER'S MAIDEN NAME Frances Hillison		14. NAME OF HUSBAND OR WIFE Mary Wand	
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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) No		16. SOCIAL SECURITY NO. 348-07-4378		17. INFORMANT'S SIGNATURE OR NAME Mary Wand	
				ADDRESS 6520 Morganford Road	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, left; ANTECEDENT CAUSES DUE TO (b) Left Ventricular Hypertrophy; DUE TO (c) Arterio sclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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? 420.1	

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 9:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Queen		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/21/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-1955		24b. DATE 8-24-1955		24c. NAME OF CEMETERY OR CREMATORY Buck Road Cemetery	
				24d. LOCATION (City, town, or county) (State) Glen Carbon Illinois Ill	

DATE REC'D BY LOCAL REG. AUG 22 1955		REGISTRAR'S SIGNATURE Carl Smith		FEDERAL DIRECTOR'S SIGNATURE Zee genlein	
				ADDRESS 6409 Gravois Ave	

WRITE PLAINLY—USING UNFAADING 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..... *Lawrence M. Seymour*

Licensed Embalmer No. *434*.....

P. O. Address *St. Louis*.....

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.