

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 15 1955

State File No. **34913**
Registrar's No. **9234**

BIRTH NO. **48664-55** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Illinois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 14 days	c. CITY OR TOWN Madison	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		e. STREET ADDRESS (If rural, give location) 1934 Rhodes - 0620/1	

3. NAME OF DECEASED (Type or Print) a. (First) Vickie Wynne b. (Middle) Kitchen c. (Last) Kitchen			4. DATE OF DEATH (Month) (Day) (Year) 10-21-55		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-18-55	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Russell Kitchen		13b. MOTHER'S MAIDEN NAME Audrey Revelle		14. NAME OF HUSBAND OR WIFE None	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME E. Johnston ADDRESS 500 S. Kings Highway	
---	-------------------------------------	--	--

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis Sepsis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Aplastic Pancytopenia DUE TO (c) Congenital Aplastic Pancytopenia		
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 292.4	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 **10-7-1955**, to **10-21-1955**, that I last saw the deceased alive on **10-21-1955**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Mrs. J. Vietti (Degree or title)	23b. ADDRESS MD Children's Hospital	23c. DATE SIGNED 10-22-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-22-55	24c. NAME OF CEMETERY OR CREMATORY St. Johns
24d. LOCATION (City, town, or county) (State) Granite City, Ill's	25. FUNERAL DIRECTOR'S SIGNATURE Lahey, Madison, Illinois ADDRESS	
DATE REC'D BY LOCAL REG. OCT 24 1955	REGISTRAR'S SIGNATURE Charles Smith MD	

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.....

Francis J. Wyland Jr.

Licensed Embalmer No. *451*

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.