

FILED JUN 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22180**
Registrar's No. **5571**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY OR TOWN BELLEVILLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place townships) 16 days		e. STREET ADDRESS (If rural, give location) 714 SOUTH HIGH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) WALTER c. (Last) VERNIER	4. DATE OF DEATH (Month) (Day) (Year) 6 11 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 5-4-56	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 1 Days 6	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BELLEVILLE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES A. VERNIER	13b. MOTHER'S MAIDEN NAME LORRAINE HAVEL	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ST. LOUIS CHILDREN'S HOSPITAL ADDRESS 500 S. KINGS HIGHWAY
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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, 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) Coronation of Aorta, Infantile type Patent Ductus Arteriosus Mitral Stenosis Aortic Stenosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) gortic stenosis 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 6-11-56	19b. MAJOR FINDINGS OF OPERATION Above Cardiac Anomalies	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)
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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?
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22. I hereby certify that I attended the deceased from **5-26, 1956**, to **6-11, 1956**, that I last saw the deceased alive on **6-11, 1956**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Isidore J. Vietti MD	23b. ADDRESS 500 S. KINGS HIGHWAY ST. LOUIS 10, MISSOURI	23c. DATE SIGNED 6-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 6-11-56	24c. NAME OF CEMETERY OR CREMATORY MT CALVARY	24d. LOCATION (City, town, or county) (State) SAILOH ILLINOIS
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DATE REC'D BY LOCAL REG. JUN 11 1956	REGISTRAR'S SIGNATURE J. Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE RENNER FUNERAL HOME	ADDRESS BELLEVILLE 124
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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 not embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo Renner

Licensed Embalmer No. 2314

P. O. Address Belleville

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.