

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006131

STATE FILE NUMBER

FILED MAR 6 - 1958

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Chicago</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune Brooks</u>		d. STREET ADDRESS (If outside, give location) <u>3918 W Erving Blvd</u>	
3. NAME OF DECEASED (Type or print) First <u>Julia</u> Middle <u>Stanford</u> Last <u>Wennerstrom</u>		4. DATE OF DEATH Month <u>February</u> Day <u>28</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 18, 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lorena, Texas</u>
13a. FATHER'S NAME <u>Wilson B. Stanford</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Barcus</u>	14. NAME OF HUSBAND OR WIFE <u>Ernest F Wennerstrom</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Ernest F Wennerstrom</u> Address <u>3918 W Erving Chicago Ill</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock from crushing chest injuries received in</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>auto accident.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>about 6 hours.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12th Feb '58</u> to <u>28th Feb '58</u> and last saw her <u>alive</u> on <u>28 Feb '58</u> Death occurred at <u>28 Feb '58 4:40 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>H E Byrd MD</u>		22b. ADDRESS <u>Carthage Mo.</u>	22c. DATE SIGNED <u>1 Mar '58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>3-1-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Irving Park</u>	23d. LOCATION (City, town, or county) (State) <u>Chicago Ill.</u>
24. FUNERAL DIRECTOR <u>Ulmer, Carthage, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-58</u>	26. REGISTRAR'S SIGNATURE <u>E H Clifton</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

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Health,
Welfare
Public
Service

County File Number
Date Filed MAR 5 1958

MAR 24 1958

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 *Edwin C. Blum Jr.*

Licensed Embalmer No. 1955
P. O. Address *Cartersville, Ga.*

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.