

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003637  
State File No.

2 475  
Registrar's No.

FILED FEB 11 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 15		c. CITY OR TOWN Florissant	
c. LENGTH OF STAY (in this place) 9mo-25m		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian		e. STREET ADDRESS (If rural, give location) 41 St. Celeste Drive	
3. NAME OF DECEASED (Type or Print) a. (First) Karen		b. (Middle) Lynn	
c. (Last) Wiggins		4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Jan. 3, 1959
9. AGE (In years last birthday) 9 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State of Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edwin Warren Wiggins		13b. MOTHER'S MAIDEN NAME Patricia Ann Smith	
14. NAME OF HUSBAND OR WIFE		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 Edwin W. Wiggins	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) premature onset of labor. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 776x	
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) (Min.)		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 1-3, 1959, to 1-4, 1959, that I last saw the deceased alive on 1-7, 1959, and that death occurred at 1:58 p.m., from the causes and on the date stated above.	
23a. SIGNATURE Kenneth J. Larsen M.D.		23b. ADDRESS 607 N. Grand	
23c. DATE SIGNED 1-5-59		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 1-31-59		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Paul Smith MO	
DATE REC'D BY LOCAL REG. JAN 15 '59		REGISTRAR'S SIGNATURE Paul Smith MO	
25. FUNERAL DIRECTOR'S SIGNATURE Paul Smith MO		ADDRESS 4104 Manchester	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.