S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36457

State File No. 1

FILED OCT 29 1947

Registration District No. 217

Primary Registration District No. 3063

Registrar's No. 9222

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Hrs. 40 Min. (Specify whether

In this community Mother 18 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co. 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9523 Longwood 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Baby Girl Dannecker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sep. (Month) 1 (Day) 1947 (Year)

8. AGE: Years | Months - | Days | If less than one day 10 hr. 40 min.

9. Birthplace Clayton (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation None

11. Industry or business None

FATHER
12. Name None 9
13. Birthplace None (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Virginia Dannecker
15. Birthplace St. Louis Co., Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Virginia Dannecker

(b) Address 9523 Longwood, Lemay

17. (a) ~~(Burial,~~ cremation, ~~or removal)~~ (b) Date thereof (Month) (Day) (Year)

~~(c) Place: burial or~~ cremation 10 16 47

18. (a) Signature of funeral director Jas Ryan

(b) Address 5800 Arsenal Str

19. (a) 10-21-47 (Date received local registrar) (b) Cecil E. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 1

year 1947 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from Sep. 1, 1947, to Sep. 1, 1947

that I last saw her alive on Sep. 1, 1947

and that death occurred on the date and hour stated above.

Immediate cause of death premature birth

Due to

159

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy massive atelectasis of lungs long. absence of interventricular septum

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wilson G. Brown (M. D. ~~or other~~)

Address 601 Brentwood Blvd Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

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 this body is not embalmed, fact should be so stated above.