

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10770

State File No. _____

2430

Registrar's No. _____

BIRTH NO. 49-019694 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
c. LENGTH OF STAY (In this place) <u>U</u>		d. STREET ADDRESS (If rural, give location) <u>8542 Geizer Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>			
3. NAME OF DECEASED (Type or Print) <u>Infant</u> <u>Verde</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 15 - 49</u>	
b. (Middle)		c. (Last)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>3-15-49</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min. <u>4</u> <u>44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion P. Verde</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Verde</u>	
		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <u>Myranda Davis</u>	
		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Pulmonary Alectasis - Primary</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.			
		DUE TO (b) <u>Intracranial Hemorrhage</u>			
		DUE TO (c)			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		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)		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 5:45 P.m. 3-15-49, to 3:15 P.m. 3-15-49, that I last saw the deceased alive on 3-15-49, 1949, and that death occurred at 10:29 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Myranda Davis</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>3-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olive Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Missouri</u>			
DATE REC'D BY LOCAL <u>MAR 17 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Jaster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>	
				ADDRESS <u>U&L Co 7814 S. Bdvwy City II</u>	

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

*Fluid Packed
No Embalming*

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
Student Embalmer

Signed *Louis C. Hoffmeister*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.