

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 3302

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BIRTH NO. 5439-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>	c. LENGTH OF STAY (in this place) <b>40 mins</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> <b>43 56</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>7241 Balson Avenue</b>	

3. NAME OF DECEASED (Type or Print) <b>Newborn</b>		a. (First) <b>Newborn</b>	b. (Middle)	c. (Last) <b>Paxton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 3 50</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married (1)</b>		8. DATE OF BIRTH <b>Jan 3 '50</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>Richmond Heights, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Jack G. Paxton</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Sunderman</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jack G. Paxton, 7241 Balson Avenue</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>40</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Post. Pulmonary Atelectasis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Breech delivery</b> 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	19b. MAJOR FINDINGS OF OPERATION <b>762.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Jan 3, 1950**, to **Jan 3, 1950**, that I last saw the deceased alive on **Jan 3, 1950**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Roy V. Bodekin M.D.</b>	(Degree or title)	23b. ADDRESS <b>4500 Olive</b>	23c. DATE SIGNED <b>1/3/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>1-3-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-3-50</b>	REGISTRAR'S SIGNATURE <b>Robert P. Dolan, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary, 6633 Clayton Rd.</b>	ADDRESS
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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.....

*No Embalming.*

working under my personal supervision.

Student Embalmer No.....

Signed *Ernest W. Spillers*

Signed.....  
Student Embalmer

Licensed Embalmer No. *44080*

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.