

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24513**
Registrar's No. **6116**

BIRTH NO. **43297-50** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) SAINT LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS 2069	
c. LENGTH OF STAY (in this place) 1 day		d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) SAINT LOUIS MATERNITY	
d. STREET ADDRESS (If rural, give location) 5875 EIMBANK		3. NAME OF DECEASED a. (First) BABY (Type or Print) b. (Middle) c. (Last) ARDREY	
4. DATE OF DEATH (Month) (Day) (Year) JULY 15 1950		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH JULY 14, 1950		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 1 4 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JEROME JULIUS ARDREY		13b. MOTHER'S MAIDEN NAME PATSY RUTH DOSS	
14. NAME OF HUSBAND OR WIFE SINGLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ST. LOUIS MATERNITY HOSPITAL	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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? 776X		22. I hereby certify that I attended the deceased from July 14, 1950 , to July 15, 1950 that I last saw the deceased alive on July 15, 1950 , and that death occurred at 11:30 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) F. Ben Merritt, M.D.		23b. ADDRESS St. Louis Maternity Hosp	
23c. DATE SIGNED July 15		24a. BURLIAL, CREMATION, REMOVAL BURIAL	
24b. DATE JULY 17TH 1950		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM. ST. LOUIS COUNTY MO.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.		25. FUNERAL DIRECTOR'S SIGNATURE Brookland and Co. 1827 Hogan	
DATE REC'D BY LOCAL REG. JUL 17 1950		REGISTRAR'S SIGNATURE J. B. Fosater	

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 _____
Student Embalmer No. _____
working under my personal supervision.

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

*To Embalmer
Brockland & Co.
by John J. Brockland
Pres.*