

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6972

BIRTH NO. 11716-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 2 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) 9404 Plainfield		
3. NAME OF DECEASED (Type or Print) a. (First) INFANT			b. (Middle) DAMPTER		
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 2-13-1951		
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <input checked="" type="radio"/>	
8. DATE OF BIRTH 2-10-1951		9. AGE (In years last birthday)		10. UNDER 1 YEAR Days 2	
11. UNDER 24 HRS. Hours		12. UNDER 24 HRS. Min.		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) St. Louis, Mo. <input checked="" type="radio"/>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stanley Dampier		13b. MOTHER'S MAIDEN NAME Beulah Dunnivin		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 Stanley Dampier, above	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY -</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, 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>5 MONTHS GESTATION</u>			
		DUE TO (c) <u>2 POUNDS - 10 HOURS WITH WEIGHT</u>			
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"/>
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) 774 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>2-11-</u> 19 <u>51</u> , to <u>2-13-</u> 19 <u>51</u> , that I last saw the deceased alive on <u>2-12-</u> 19 <u>51</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>A. O. Hodgson, M.D.</u> (Degree or title)			23b. ADDRESS <u>9337 E. Goodwood</u>		23c. DATE SIGNED <u>2-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>2-14-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Ceme.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>2/13/51</u>			
REGISTRAR'S SIGNATURE <u>Herbert R. Tomke, M.D.</u>		25. FURNISHED DIRECTOR'S SIGNATURE <u>Jay B. Smith, Maplewood 17, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*[Handwritten Signature]*

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

Signed.....

Student Embalmer

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.