

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2724

FILED FEB 8 1952

State File No. _____

BIRTH NO. 4024-52 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0629

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>6415 Mount Ave., 20</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Firmin Desloge Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Alberta</u> b. (Middle) <u>Jean</u> c. (Last) <u>Dineen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-20-52</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>1-20-52</u>		9. AGE (In years last birthday) <u>7</u> IF UNDER 1 YEAR Days <u>40</u> IF UNDER 12 HRS. Mins. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		13. FATHER'S NAME <u>Thomas Patrick Dineen</u>	
13b. MOTHER'S MAIDEN NAME <u>Alberta Jean Pinson</u>		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 <u>Thomas P. Dineen</u>		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u>		DUE TO (b) <u>PREMATURE BIRTH</u>				<u>7H. 40min.</u>	
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		DUE TO (c) _____					
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) _____	
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? <u>776X</u>	
22. I hereby certify that I attended the deceased from <u>JAN 20</u> , 19 <u>52</u> , to <u>JAN. 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>JAN 20</u> , 19 <u>52</u> , and that death occurred at <u>120 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>George J. Neumeier M.D.</u> (Degree or title)			23b. ADDRESS <u>1325 South Grand Blvd.</u>		23c. DATE SIGNED <u>Jan. 20, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-22-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>					

DATE REC'D BY LOCAL REG. <u>JAN 21 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodhart & Goodhart</u> ADDRESS <u>2228 St. Louis Av</u>	
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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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Haines

Licensed Embalmer No. *4108*

P. O. Address *Spencer, MD*

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.