

FILED FEB 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... 3515

BIRTH NO. <u>91735</u>		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>3069</u>	Registrar's No. <u>12</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>4070</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1204 Jennings Station Rd.</u>		
3. NAME OF DECEASED (Type or Print) <u>Baby</u>		a. (First)	b. (Middle)	c. (Last)
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>
8. DATE OF BIRTH <u>12-31-1951</u>		9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR: Days <u>2</u> IF UNDER 12 HRS. Hours <u>  </u> Min. <u>  </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 Co. Mo.</u>
13a. FATHER'S NAME <u>Nickolas Mocerl</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lee Ormsbee</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 ADDRESS <u>Nickolas Mocerl 1204 Jennings St. Rd.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease</u> <u>atelectasis of left upper lobe</u> ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
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) <u>7-5 44</u>
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 <u>1/1/52</u> , 19 <u>  </u> , to <u>1/1/52</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>1/1/52</u> , 19 <u>  </u> , and that death occurred at <u>10:23 Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>C. K. Hermita</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>35 N. Central Clayton</u>
23c. DATE SIGNED <u>1/3/52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 3, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State)		
DATE REC'D BY LOCAL REG. <u>1-3-52</u>		REGISTRAR'S SIGNATURE <u>Robert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mullinane Bros. 3320 N. Kingshighway,</u>

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 *Fred Frick*

**NOT EMBALMED**

Licensed Embalmer No. **3186**

P. O. Address **St. Louis, Mo.**

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.