

FILED SEP 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33468**
8373

BIRTH NO. 39351 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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 OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>9 WEEKS</u>	c. CITY OR TOWN <u>SAINT LOUIS 2079</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S</u>			d. STREET ADDRESS (If rural, give location) <u>7 5623 THEodosia</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARBARA</u>		b. (Middle) <u>ROSE</u>	c. (Last) <u>STOROZUM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-5-52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>5-27-52</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months Days
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>SAINT LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>HENRY STOROZUM</u>		13b. MOTHER'S MAIDEN NAME <u>MARCELLA GOLOSTEIN</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>J. EGAN</u> ADDRESS <u>500 So. Kings Highway</u>		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Methemoglobinemia, resolved.</u>			INTERVAL/BETWEEN ONSET AND DEATH <u>10 wks.</u>
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>5710</u>	

22. I hereby certify that I attended the deceased from 6-26, 1952, to 9-5, 1952, that I last saw the deceased alive on 9-5, 1952, and that death occurred at 5:25a.m., from the causes and on the date stated above.

22a. SIGNATURE <u>John C. Henney M.D.</u> (Degree or title)		22b. ADDRESS <u>Childrens Hosp.</u>		22c. DATE SIGNED <u>9-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/5/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chera Kasha</u>	24d. LOCATION (City, town, or county) (State) <u>Anniston, AL</u>	
DATE REC'D BY LOCAL REG. <u>SEP 5 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benj. Hennessy</u> ADDRESS <u>8110 Methu</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

Levin L. Ludwig
Licensed Embalmer No. *4449 J*

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.