

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29899  
7175

State File No. ....

FILED AUG 20 1953

BIRTH NO. 46360 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

205-1100

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>2179</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY'S Hosp 17</u>			
e. STREET ADDRESS (If rural, give location) <u>2701 S. COMPTON</u>			

3. NAME OF DECEASED (Type or Print) <u>BABY GIRL DISCHBEIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 23 1953</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>NEWBORN 0</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: (City and State or Foreign Country) <u>ST. LOUIS Mo 0</u>	12. CITIZEN OF WHAT COUNTRY?	8. DATE OF BIRTH <u>JULY 23 1953</u>	9. AGE (In years last birthday) <u>-</u> if under 1 YEAR <u>-</u> Days <u>-</u> Hours <u>-</u> Mins. <u>40</u>

13a. FATHER'S NAME <u>FRED DISCHBEIN</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET KRETZER</u>	14. NAME OF HUSBAND OR WIFE
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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>FRED DISCHBEIN</u> ADDRESS <u>2701 S. COMPTON</u>
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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>Conjunctal Hydrocephalus</u> <u>Conjunctal meningitis in</u> <u>of spine &amp; spinal cord</u> <u>→ Spinal bifida</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)		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs 9 min</u> <u>2 hrs 9 min</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>751X</u>

22. I hereby certify that I attended the deceased from 7-23-53 to 7-23, 1953, that I last saw the deceased alive on 7-22, 1953, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Robert Wood</u> (Degree or title)	23b. ADDRESS <u>7846 9 California</u>	23c. DATE SIGNED <u>7-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 23 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUL 23 1953</u>	REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u> ADDRESS <u>2906 Gravois</u>
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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.....  
Signature of Student Embalmer

Signed.....  
*James C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2902 Shaw*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.