

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34505

State File No.

FILED OCT 2 - 1953

BIRTH NO. 67247 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2265

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	2039
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>	d. STREET ADDRESS (If rural, give location) <u>1030 Park</u>		

3. NAME OF DECEASED (Type or Print) <u>Billie</u>	a. (First) <u>Billie</u>	b. (Middle) <u>Closser</u>	c. (Last) <u>Closser</u>	4. DATE OF DEATH (Month) <u>8</u> (Day) <u>14</u> (Year) <u>53</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>None</u>	8. DATE OF BIRTH <u>8-14-53</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>	IF UNDER 12 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>CLAYTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ray Lawrence Closser</u>	13b. MOTHER'S MAIDEN NAME <u>William Florence Hubbard</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Closser</u> ADDRESS <u>1030 Park Ave. St. Louis Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis Fetalis</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) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-13, 1953, to 8-14, 1953, that I last saw the deceased alive on 8-14, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John E. Egley, M.D.</u>	23b. ADDRESS <u>634 N. Grand St. St. Louis, Mo.</u>	23c. DATE SIGNED <u>8-19-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MIT. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County - Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-19-53</u>	REGISTRAR'S SIGNATURE <u>Huck R. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLAUGHLIN'S</u> ADDRESS <u>2014 Laclette ST. Louis, Mo.</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 _____

Not Embalmed

working under my personal supervision.

Student Embalmer No.

Signed _____

H. G. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *2301 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.