

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13431**

BIRTH NO. 25484-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3959

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St.

b. CITY (If outside corporate limits, write RURAL and give township)
St. Louis

c. CITY OR TOWN
St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION
Mo. Baptist Hospital

e. STREET ADDRESS (If rural, give location)
5570 Vernon Ave. 20570

3. NAME OF DECEASED
a. (First) Marilyn b. (Middle) Kay c. (Last) Fox

4. DATE OF DEATH (Month) (Day) (Year)
May 11, 1954

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never Married

8. DATE OF BIRTH
Apr. 30, 1954

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 10 HOURS: Min.
13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
nil

10b. KIND OF BUSINESS OR INDUSTRY
nil

11. BIRTHPLACE (City and State or Foreign Country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Dale Fox

13b. MOTHER'S MAIDEN NAME
Agnes Ratliff

14. NAME OF HUSBAND OR WIFE
XXXXXXXXXXXXXXXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Dale Fox 5570-Vernon Av-St. Louis-

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Rupture of membrane
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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
761.5

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 30, 1954, to _____, 19____, that I last saw the deceased alive on Apr 30, 1954, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
George Austyn, M.D.

23b. ADDRESS
4660 Maryland Ave

23c. DATE SIGNED
5-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
5-2-1954

24c. NAME OF CEMETERY OR CREMATORY
Ellington Cemetery

24d. LOCATION (City, town, or county) (State)
Ellington, Mo. via Motor

DATE REC'D BY LOCAL REG.
MAY 3 1954

REGISTRAR'S SIGNATURE
Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Shuman Bros. Inc. 2504-Woodson Rd-Overland, Mo.

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.....
Signature of Student Embalmer

Signed..... *David C. G...*

Licensed Embalmer No..... *340*

P. O. Address..... *Q*

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.