No. 300
10.48

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

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43609

BIRTH NO. 96549-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11684

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis Mo
c. LENGTH OF STAY (In this place): 2HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: LeMay
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1104a Gorgas

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT
b. (Middle):
c. (Last): GOGUEN

4. DATE OF DEATH (Month) (Day) (Year): DEC. 22-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-22-1954
9. AGE (In years last birthday): 0 — If under 1 year: Months 0, Days 0, Hours 2, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): St. Louis Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alban Goguen
13b. MOTHER'S MAIDEN NAME: Evelyn L. Gardner
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Alban Goguen
ADDRESS: 1104A Gorgas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anoxia due to hypoplasia of — INTERVAL BETWEEN ONSET AND DEATH: congenital

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Both lungs, agenesis of lt.
DUE TO (c) Kidney + polycystic disease of rt.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Kidney; moderate erythroblastosis (RH)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 12/22/54. 7571

22. *I hereby certify that I attended the deceased from* 7:45am, 1954, *to* 10:25 am, 1954, *that I last saw the deceased alive on* 12-22, 1954, *and that death occurred at* 10:25 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. J. Wallawa MD
23b. ADDRESS: 3804 Wilmington Dr
23c. DATE SIGNED: 12-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/23/54
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cem.
24d. LOCATION (City, town, or county) (State): LeMay Mo

DATE REC'D BY LOCAL REG.: DEC 23 1954
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Fendler Und. Co.
ADDRESS: 7420 Michigan

S.B. (Licensed Embalmer's Statement on Reverse Side)

3806 Wilmin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Not Embalmed
W. G. Peterson 3
Licensed Embalmer No.....

P. O. Address 7420 M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.