

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH27519
State File No. 27519
Registrar's No. 7134

BIRTH NO. 68896-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis 23</i>		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 <i>De Paul Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>12639 Sunset Dr 225/10</i>			
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <i>Infant Case</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>8-14-55</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NEVER MARRIED</i>	8. DATE OF BIRTH <i>8-13-55</i>		9. AGE (in years last birthday) <i>0</i>	# UNDER 1 YEAR Months Days Hours Min. <i>0 1 12</i>	# UNDER 12 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Clarence Joseph Case</i>			13b. MOTHER'S MAIDEN NAME <i>Dorothy Rose Hynes</i>		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) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Dorothy Rose Case</i> ADDRESS <i>12639 Sunset Dr</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Occlusion of Pulmonary Artery</i> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Patient ductus arteriosus</i>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>7541</i>				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8-17</i> , 19 <i>55</i> , to <i>8-14</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>8-14</i> , 19 <i>55</i> , and that death occurred at <i>3:00 pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>L.M. Rindan</i> (Degree or title)				23b. ADDRESS <i>Lister Bldg.</i>		23c. DATE SIGNED <i>8-14-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Aug. 16, 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>AUG 15 1955</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshausen 4228 S. Kingshighway Bl.</i>			

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

761
72
251

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 No Embalming, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin M. Gerhardt

Licensed Embalmer No. 3

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