

STANDARD CERTIFICATE OF DEATH

35253

State File No.

9497

FILED NOV 15 1955

BIRTH NO. 83986-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL			e. STREET ADDRESS (If rural, give location) 24 2921 S. 13th St. 22490					
3. NAME OF DECEASED (Type or Print) BA BY GIRL			a. (First)	b. (Middle)	c. (Last) WAGGONER			
4. DATE OF DEATH (Month) (Day) (Year) OCT. 20, 1955.								
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.B.	8. DATE OF BIRTH OCT. 20, 1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months IF UNDER 12 HRS. Hours 35			
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) ST. LOUIS, MISSOURI.				
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME CLARENCE WAGGONER		13b. MOTHER'S MAIDEN NAME CARRIE COUFFMAN				
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)		16. SOCIAL SECURITY NO.				
17. INFORMANT'S SIGNATURE OR NAME RECORD ROOM CITY HOSPITAL		ADDRESS						
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.			<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Pulmonary Atelectasis</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			INTERVAL BETWEEN ONSET AND DEATH 125 min.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 762.5			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) (Min.)		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 10-20 , 1955, to OCT. 20 , 1955, that I last saw the deceased alive on 10-20 , 1955, and that death occurred at 10:30a. , from the causes and on the date stated above.								
23a. SIGNATURE Leon B. Klink, M.D.			23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 10-21-55			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE OCT 31 1955	24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. OCT 31 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Reverend C.R. I have no				

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.....

Licensed Embalmer No.....

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.