

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43070**BIRTH NO. **96802-55** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2852**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN NORMANDY	c. LENGTH OF STAY (in this place) 1 HR 12 MIN	c. CITY OR TOWN BERKELEY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY ORTHOPAEDIC HOSPITAL		* STREET ADDRESS (If rural, give location) 8708 WICKHAM	

3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) GIRL c. (Last) STARK			4. DATE OF DEATH (Month) (Day) (Year) 12 7 57		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-7-55	9. AGE (In years last birthday) 1 1/2	IF UNDER 1 YEAR Months Days 1 1/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) NORMANDY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOSEPH J. STARK		13b. MOTHER'S MAIDEN NAME PANSY FORD		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Joseph J. Stark	
				ADDRESS 8708 ST. LOUIS WICKHAM, 2140	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Respiratory failure		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral depression			
DUE TO (c) subdural hemorrhage			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 76 00			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 76 00		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)		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 **3:45 PM 12-7-1955**, to **4:57 PM 12-7, 1955**, that I last saw the deceased alive on **12-7, 1955**, and that death occurred at **4:57 PM.**, from the causes and on the date stated above.

23a. SIGNATURE L. S. Olson		(Degree or title) D.O.		23b. ADDRESS 6401 W. Florissant		23c. DATE SIGNED 12-8-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE DEC. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	

DATE REC'D BY LOCAL REG. 12-9-55		REGISTRAR'S SIGNATURE Hebeal R. Lamberson		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hatcher		ADDRESS FLOISSANT, MO.	
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(Licensed Embalmers' Placement on Reverse Side)

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

p. 300
p. 48

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 *Gene A. Hutchins*.....

Licensed Embalmer No. *496*.....

P. O. Address *Albion*.....

**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.**