

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10378

State File No. ....

FILED APR 6 - 1956

BIRTH NO. 17819-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3143

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS, MISSOURI</b> ) c. LENGTH OF STAY (in this place)  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL #1.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY  c. CITY OR TOWN <b>St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>4200 LINDELL</b> (If rural, give location) <b>19</b>		<b>2190</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>ARMANDO</b> a. (First) <b>BABY GIRL</b> b. (Middle) c. (Last)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MARCH 11, 1956</b>	
<b>5. SEX</b> <b>FEMALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b> <b>MARCH 11, 1956</b>
<b>9. AGE</b> (In years last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min. <b>48</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (City, State or Foreign Country)		<b>12. CITIZEN OF WHAT COUNTRY?</b>	

<b>13a. FATHER'S NAME</b> <b>JIM ARMANDO</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>REBA MOYNAHAN</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Hospital Records 1575 Lafayette</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> 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.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERNAL BETWEEN ONSET AND DEATH <b>48 minutes</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>776x</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 3-11, 1956, to 3-11, 1956, that I last saw the deceased alive on 3-11, 1956, and that death occurred at 10:58pm., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Lon B. Kleck, M.D.</b> (Degree or title)	<b>23b. ADDRESS</b> <b>1515 LAFAYETTE AVE.</b>	<b>23c. DATE SIGNED</b> <b>3-12-56.</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>MAR 31 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 29 1956</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Rowland-Aker Mortuary Service</b>	<b>ADDRESS</b> <b>4104 Manchester Ave. St. Louis 10, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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**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. 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.