

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40174

State File No. _____

FILED NOV 26 1956

BIRTH NO. 74458-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2439

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>hormandy</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>	c. CITY OR TOWN <u>St. Louis 15</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>hormandy Osteopathic Hosp</u>		STREET ADDRESS (If rural, give location) <u>1227 maple</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Boy</u> b. (Middle) _____ c. (Last) <u>hash</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 13 56</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>new born</u>	8. DATE OF BIRTH <u>10-13-56</u>
9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 28 Hrs. Mins. <u>1 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. hormandy, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Emil hash</u>	
13b. MOTHER'S MAIDEN NAME <u>Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emil hash</u> 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY, 25 WEEKS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ABORTION (spontaneous)</u> DUE TO (c) <u>(CAPTURE OF AMNION (spontaneous)) 10/4/56</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>776x</u>	
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? _____	
22. I hereby certify that I attended the deceased from <u>May 1956</u> , to <u>10/13 1956</u> , that I last saw the deceased alive on <u>10/13, 1956</u> and that death occurred at <u>5:36</u> m., from the causes and on the dates stated above.			
23a. SIGNATURE (Degree or title) <u>Emil hash</u>		23b. ADDRESS <u>25374 Keweenaw Dr</u>	23c. DATE SIGNED <u>10/14/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov 15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patrick</u>	24d. LOCATION (City, town, or county) (State) <u>God Frey, Ill</u>
DATE REC'D BY LOCAL REG. <u>10-17-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Staten Funeral Home, 220 Court St., Alton, Ill</u> ADDRESS _____	

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300
10-48
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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 *Lawrence S. Meyer* Licensed Embalmer No.

P. O. Address

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