

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 8229

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND HEIGHTS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BERKELEY 4041		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S.		Length of stay in 1b 4 hours	d. STREET ADDRESS 6306 WITSELL AV. (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) BABY GIRL ANDERS			4. DATE OF DEATH DEC. 20 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 20, 1957		9. AGE (In years last birthday) 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) RICHMOND HEIGHTS, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME VERN ANDERS			14. MOTHER'S MAIDEN NAME Annie Wood		
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 VERN ANDERS. Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Embryoblastosis fetalis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rh incompatibility DUE TO (c) 7700					INTERVAL BETWEEN ONSET AND DEATH 4 Hours 17 min
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from 1:23 P.M. Dec. 20, 1957 to 5:40 P.M. Dec. 20, 1957 and last saw her alive on Dec. 20, 1957 Death occurred at 5:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George J. Neumann M.D.			22b. ADDRESS 3923 WATSON RD. ST. LOUIS MO.		22c. DATE SIGNED Dec. 21, 1957
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO -
24. FUNERAL DIRECTOR M. J. Proghan ADDRESS 831 E. 15th BEND WEBSTER GROVES 19		25. DATE RECD. BY LOCAL REG. 12-21-57		26. REGISTRAR'S SIGNATURE Herbert R. Donhe M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

asc

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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

Not Embalmed
M. J. Croghan

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.