

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5310-58
4037
State File No.

FILED JAN 27 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 95

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Blue Cross 400</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>9425 B of 63B</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u>		b. (Middle)		c. (Last) <u>River</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>NO.</u>		8. DATE OF BIRTH <u>1-10-58</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Anthony River</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Casure</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anthony River</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intra uterine anoxia</u> <u>26 hours</u>		
	DUE TO (c) <u>unknown.</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 <u>7600</u>		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?	

22. I hereby certify that I attended the deceased from 1-10, 1958, to 1-11, 1958 that I last saw the deceased alive on 1-10, 1957, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. H. M. Morrow Jr. M.D.</u> (Degree or title)		23b. ADDRESS <u>321 Chamber St. St. Louis 15, Mo.</u>		23c. DATE SIGNED <u>1/11/58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/15/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Ct. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-13-1958</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donko M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Turner</u> ADDRESS <u>8519 Stalling</u>	
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*Not embalmed
E. J. Stufano*

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.