

alth,
elfare
blic
ervice

300
-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 7 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 21333-58 58-012627
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 907

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, give TOWNSHIP only) TOWN <u>Kirkwood</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Valley Park 476 1/2</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph</u>			Length of stay in lb <u>1 Min.</u>	d. STREET ADDRESS (If outside, give location) <u>610 A. Vest</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Boy</u> Last <u>Williams</u>				4. DATE OF DEATH Month <u>3</u> Day <u>29</u> Year <u>58</u>				
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> <u>0</u> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3/29/58</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>*****</u>		11. BIRTHPLACE (City and state or country) <u>Kirkwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wm. M. Williams</u>				14. MOTHER'S MAIDEN NAME <u>Veldean Maine</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 Address <u>Wm. Williams, Valley Park, Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Premature labor and delivery</u> DUE TO (c) <u>7767</u>							INTERVAL BETWEEN ONSET AND DEATH	
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 <u>11:25</u> Month <u>3</u> Day <u>29</u> Year <u>58</u> a. m. <u>a.</u> 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 COUNTY STATE	
21. I attended the deceased from <u>3-29-58</u> to <u>3-29-58</u> and last saw ^{her} him alive on <u>3-29-58</u> Death occurred at <u>11:25 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>John J. Duggan Jr. M.D.</u>				22b. ADDRESS <u>333 So. Kirkwood Rd</u>		22c. DATE SIGNED <u>3-31-58</u>		
23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/1/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>3-31-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		

(Licensed Embalmer's Statement on Reverse Side)

44

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..

Not embalmed

Student.....
Signature of Student Embalmer

Signed *Richard Bopp*.....

Licensed Embalmer No. *458*.....

P. O. Address *Baltimore*.....

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.