

0283

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5807458

58-030017
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 260

300
1-57
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1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. CHARLES 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. JOSEPH'S		Length of stay in 1b 1 HR	d. STREET ADDRESS (If outside, give location) 1018 So. BENTON Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First BABY Middle (MALE) Last BRANDT			4. DATE OF DEATH Month AUG Day 18 Year 1958		
5. SEX M	6. COLOR OR RACE 2 NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 18 1958	9. AGE (In years last birthday)	FUNDER 1 YEAR Months 1 Days 28
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) ST. CHARLES, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME MARY FRANCES BRANDT		14. NAME OF HUSBAND OR WIFE NONE	
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 Address MARY FRANCES BRANDT, ST. CHARLES, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATELECTASIS NEONATORUM		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 28 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7625		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PREMATURITY		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 COUNTY STATE	
21. I attended the deceased from AUG 18 to 58 and last saw her/him alive on AUG 18-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE Alex M. Roten, M.D. (Degree or title)		22b. ADDRESS 207 N. FIFTH, CHARLES		22c. DATE SIGNED 8/19/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG 19 1958		23c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.	
		23d. LOCATION (City, town, or country) ST. CHARLES		(State) Mo	

24. FUNERAL DIRECTOR E.L. PRAMSTER, ST. CHARLES, Mo		25. DATE RECD. BY LOCAL REG. AUG 19-58		26. REGISTRAR'S SIGNATURE Marella Wilson	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: most use only standard nomenclature in their reports. No symptoms will be listed. All diseases in Part I must be causally related.

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

Body not embalmed

Signed *C. L. Truster*

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.