

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034998  
STATE FILE NUMBER

70249-58  
FILED OCT 3 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2368

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Riv. Hts Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St Louis Mo</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 Marys Hosp PHRS-25min 059</u>				Length of stay in lb		STREET ADDRESS (If outside, give location) <u>5970 Bartmer Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Baby Boy</u> Middle <u>Aldridge</u> Last <u>Aldridge</u>				4. DATE OF DEATH Month <u>Sept</u> Day <u>12</u> Year <u>1958</u>			
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Month <u>Sept</u> Day <u>12</u> Year <u>1958</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>		IF UNDER 24 HRS. Hours <u>8</u> Min. <u>25</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Riv. Hts Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>George Aldridge</u>				14. MOTHER'S MAIDEN NAME <u>Daisy Keele</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>INFORMANT</u> <u>George Aldridge 5970 Bartmer Ave</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>Atelectasis, congenital</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 hr 25 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>7620</u>	
DUE TO (c)							
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>5:00</u> Month <u>Sept</u> Day <u>12</u> Year <u>1958</u> a. m. p. m.		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
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>Sept 12, 1958</u> to <u>Sept 12, 1958</u> and last saw <u>him</u> alive on <u>Sept 12 1958</u> Death occurred at <u>5:00 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Koland A. Triska M.D.</u>				22b. ADDRESS <u>1165 Moorlands Dr.</u>		22c. DATE SIGNED <u>Sept 12 '58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Sept 12, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cat Hill Cem</u>		23d. VOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>	
24. SIGNING OFFICER <u>George Aldridge 5970 Bartmer Ave</u>				25. DATE RECD. BY LOCAL REG. <u>9-12-58</u>		26. REGISTRAR'S SIGNATURE <u>Wesley P. Donke M.D.</u>	

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56  
1005  
0

Every 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Not Embalmed*  
*George Aldridge*.....

Licensed Embalmer No.....

P. O. Address.....

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.