URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-017710

STATE FILE NUMBER

FILED VS APR 22 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1141

1. PLACE OF DEATH
a. COUNTY ST Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Length of stay in 1b 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN University City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1211 Amherst — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Infant Anderson

4. DATE OF DEATH Month April Day 4 Year 1960

5. SEX

6. COLOR OR RACE white

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/2/1960

9. AGE (last birthday) IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and state or country) Richmond Heights

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Eugene E. Anderson

13b. MOTHER'S MAIDEN NAME Dolores DeBrunner

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Eugene Anderson Address 1211 Amherst

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congenital Atelectasis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Prematurity 20 weeks

DUE TO (c)

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 3, to April 4 and last saw her alive on April 4

Death occurred at 3:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. M. Riordan

22b. ADDRESS 4500 Olive St

22c. DATE SIGNED 4/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 4/6/60

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) St. Louis (State) Mo.

24. FUNERAL DIRECTOR JOHN STYGAR & SON — 5541 RIVERVIEW BLVD.

25. DATE RECD. BY LOCAL REG. 4-6-60

26. REGISTRAR'S SIGNATURE Hunsardwicke M

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J. W. Ristu

Signature of Student Embalmer

Licensed Embalmer No. 3980

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.