

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-047954
STATE FILE NUMBER

FILED VS. JAN 9 1967

318

Primary Registration District No. 1003

Registrar's No.

12492

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN St. Louis 18		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2719a South 13th		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Martha Carol Staab				4. DATE OF DEATH Month Day Year December 27, 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-27-60	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 3 17		IF UNDER 24 HR		
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) Missouri, St. Louis		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Earl Adrian Staab			13b. MOTHER'S MAIDEN NAME Alma Grace Richardson			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 Earl A. Staab 2719 S. 13th St.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Marked Immaturity - 762.5 DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 2 hours 3 hours		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		Month, Day, Year							
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 Dec 27, 1960 to Dec 27, 1960 and last saw her alive on Dec 27, 1960 Death occurred at 9:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deceased or title) Charles W. Holden, MD				22b. ADDRESS 3121 N. Beard				22c. DATE SIGNED Dec 28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-28-1960	23c. NAME OF CEMETERY OR CREMATORY Des Arc, Missouri		23d. LOCATION (City, town, or county) Des Arc, Missouri		(State)		
24. FUNERAL DIRECTOR Robert D. Kinealy 2228 St. Louis Ave.				25. DATE RECD. BY LOCAL REG. DEC 28 1960		26. REGISTRAR'S SIGNATURE Earl Smith M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

No Embalming
Robert D. Linn
Funeral

Licensed Embalmer No. _____

P. O. Address _____

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