

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046249

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12059 STATE FILE NUMBER

1. PLACE OF DEATH 5 1962
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 1 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4473 Wallace Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
DONNA MARIE EBMeyer December 23 1961
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/22/61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
ONE Months Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Donald W. Ebmeyer 13b. MOTHER'S MAIDEN NAME LaVerne Neda Rathert 14. NAME OF HUSBAND OR WIFE XXXXXXXX
 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 Mr. Donald W. Ebmeyer, 4473 Wallace Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Anemia caused by Hyaline membrane INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) decrease of lungs caused by inspissated
 DUE TO (c) anesthetic fluid.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 762.0 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.) none

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 Birth 12/22/61 to 11:45 am 12/23/61 and last saw her alive on 12/23/61
 Death occurred at 7:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Williams M.D. 22b. ADDRESS 3804 W. Livingston St 22c. DATE SIGNED 12/23/61

23a. BURIAL, CREMATION REMOVAL (Specify) Removal 23b. DATE Dec. 23, 1961 23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis (6) 25. DATE RECD. BY LOCAL REG. DEC 23 1961 26. REGISTRAR'S SIGNATURE W. Williams M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

4704 Newport

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 _____, *not Embalmed* Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No. _____
P. O. Address _____
General Dried
3620 Chipp

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.