

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7897-62-032306
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1962

1. PLACE OF DEATH
a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Louis 8** Length of stay in lb _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Missouri Baptist Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis** c. CITY OR TOWN **Hazelwood** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **12402 Dorsett** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Baby - Brandhorst **August 11, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-11-62** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. **2 4**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **nil** 10b. KIND OF BUSINESS OR INDUSTRY **---** 11. BIRTHPLACE (City and state or country) **Missouri, St. Louis** 12. CITIZEN OF WHAT COUNTRY **America**

13a. FATHER'S NAME **Joseph Cornell Brandhorst** 13b. MOTHER'S MAIDEN NAME **Janet Eileen Buchkner** 14. NAME OF HUSBAND OR WIFE **---**

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. **---** 17. INFORMANT **Joseph Brandhorst-Hazelwood, Mo.** Address **12402 Dorsett**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **atalectasis, bilateral** INTERVAL BETWEEN ONSET AND DEATH **2-3h**
DUE TO (b) **aspiration of amniotic fluid -?** **2-3h.**
DUE TO (c) **762.5**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Prematurity**
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 **birth** to **death** and last saw her/him alive on **8/11/62**
Death occurred at **6:00** **A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **74460 W. Ballad Schmin, Mo** 22c. DATE SIGNED **8/11/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8/13/62** 23c. NAME OF CEMETERY OR CREMATORY **St. Trinity Luth. Cem.** 23d. LOCATION (City, town, or county) **St. Louis Co., Missouri**

24. FUNERAL DIRECTOR **WACKER-HELDERLE** ADDRESS **3634 Gravois** 25. DATE RECD. BY LOCAL REG. **AUG 13 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

No Embalming

Signed *Clarence Wacker*

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.