MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-044567
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10835

FILED NOV 19 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST Louis
Length of stay in 1b: 1 dy 22 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Evangelical Deaconess Hosp.
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: Des Peres
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1535 Fawn Valley Drive
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Tracy Middle: Jay Last: Mc Intire

4. DATE OF DEATH: Month: Nov Day: 10 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov 8 - 1962
9. AGE (last birthday)
IF UNDER 1 YEAR: Months: Days: 1 Hours: 22 Min.
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: —
11. BIRTHPLACE (City and state or country): St Louis, St Louis Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Dean Mc Intire
13b. MOTHER'S MAIDEN NAME: Janet Jean Delunthal
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: Robert Dean Mc Intire
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Obstructive Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hyaline membrane disease
DUE TO (c): Neonatal atelectasis
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): 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.)

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 Nov. 8 - 1962, to Nov. 10 - 1962 and last saw her alive on Nov 9 - 1962
Death occurred at 6:10 a.m. Nov. 10 - 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert L Kim (Degree or title)
22b. ADDRESS: 130 N Meramec Clayton Mo
22c. DATE SIGNED: 11/12/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-12-62
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Warrenton, Mo.

24. FUNERAL DIRECTOR ADDRESS: F.W. Nieburg & Co., Warrenton, Mo.
25. DATE RECD. BY LOCAL REG.: Nov. 12, 1962
26. REGISTRAR'S SIGNATURE: Joan Smith, M.D.

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

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.