

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017617

DO NOT WRITE ON THIS STUB AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3844** STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

FILED APR 17 1963

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lutheran 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) **3192a So Grand** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Baby Fletcher** 4. DATE OF DEATH Month Day Year **3 - 29 - 63**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-28-63** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min. **27 51**

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

13a. FATHER'S NAME **William Jackson Fletcher** 13b. MOTHER'S MAIDEN NAME **Marlene Daphna Hubbard** 14. NAME OF HUSBAND OR WIFE **-**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Marlene Fletcher** Address **3192a So Grand**

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary immaturity** INTERVAL BETWEEN ONSET AND DEATH **2 day**
 DUE TO (b) **Prematurity** **762.5** **2 day**
 DUE TO (c) _____
 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 **3/28/63** to **3/29/63** and last saw her/him alive on **3/29/63**
 Death occurred at **10 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Herman W. [Signature]** (Degree, or title) 22b. ADDRESS **6500 Chipewa 9, Mo.** 22c. DATE SIGNED **4/1/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **4-30-63** 23b. DATE _____ 23c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 23d. LOCATION (City, town, or county) **St. Louis, Mo.** (State) _____

24. FUNERAL DIRECTOR **Rowland Mortuary Svc.** ADDRESS **4104-06 Manchester** 25. DATE RECD. BY LOCAL REG. **APR 4 1963** 26. REGISTRAR'S SIGNATURE **Roal Smith, M.D.**

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

Signed _____

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.