

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

12259

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                |                                    |                                                                                  |
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| BIRTH NO. <u>49-022000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | REG. DIST. NO. <u>149</u>                                                                                                                      | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. <u>1589</u>                                                      |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>MISSOURI</u><br>b. COUNTY <u>JACKSON</u> |                                    |                                                                                  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>                                                |                                    |                                                                                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | d. STREET ADDRESS (If rural, give location) <u>1310 Campbell Street</u>                                                                        |                                    |                                                                                  |
| 3. NAME OF DECEASED (Type or Print) <u>INFANT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | a. (First) <u>ACREY</u>                                                                                                                        | b. (Middle)                        | c. (Last)                                                                        |
| 5. SEX <u>FEMALE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 6. COLOR OR RACE <u>NEGRO</u>                                                                                                                  |                                    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>             |
| 8. DATE OF BIRTH <u>MARCH 15, 1949</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 9. AGE (In years last birthday) <u>2</u>                                                                                                       |                                    | 10. IF UNDER 1 YEAR <u>2</u> MONTHS <u>17</u> DAYS <u>1949</u>                   |
| 10a. USUAL OCCUPATION (Give kind of work done in regular course of working life, even if retired) <u>INFANT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                              |                                    | 11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>           |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 13a. FATHER'S NAME <u>--</u>                                                                                                                   |                                    |                                                                                  |
| 13b. MOTHER'S MAIDEN NAME <u>JOAN ACREY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14. NAME OF HUSBAND OR WIFE <u>--</u>                                                                                                          |                                    |                                                                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 16. SOCIAL SECURITY NO. <u>--</u>                                                                                                              |                                    | 17. INFORMANT'S SIGNATURE OR NAME <u>MOTHER: JOAN ACREY</u>                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br><br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) <u>PREMATURITY (2lbs. 3 oz.)</u><br><br>DUE TO (c) <u>7 1/2</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  | INTERVAL BETWEEN ONSET AND DEATH                                                                                                               |                                    |                                                                                  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 19b. MAJOR FINDINGS OF OPERATION                                                                                                               |                                    | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                       |                                    | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                |                                    | 21f. HOW DID INJURY OCCUR?                                                       |
| 22. I hereby certify that I attended the deceased from <u>3/15/</u> , 19 <u>49</u> , to <u>3/17/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/17/</u> , 19 <u>49</u> , and that death occurred at <u>4:15P</u> m., from the causes and on the date stated above.                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                |                                    |                                                                                  |
| 23a. SIGNATURE <u>Frank E. Smith</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 23b. ADDRESS <u>600 East 22nd Street</u>                                                                                                       |                                    | 23c. DATE SIGNED <u>3/30/49</u>                                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 24b. DATE <u>4-13-49</u>                                                                                                                       |                                    | 24c. NAME OF CEMETERY OR CREMATORY <u>Municipal Cemetery</u>                     |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Holman</u>                                                                                          |                                    |                                                                                  |
| 25. ADDRESS <u>15 E. MO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | DATE REC'D BY LOCAL REG. <u>4-11-49</u>                                                                                                        |                                    |                                                                                  |
| REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | (Licensed Embalmer's Statement on Reverse Side)                                                                                                |                                    |                                                                                  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed \_\_\_\_\_

*Wm. A. Lohmeyer*

Signed \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

*3089*

P. O. Address \_\_\_\_\_

*ITC MD*

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 this body is not embalmed, fact should be so stated above.