

FILED JUL 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 25192
Registrar's No. 6011

45600-49
BIRTH NO.

REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 10 3924 Sherman Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital			

3. NAME OF DECEASED (Type or Print) INFANT			4. DATE OF DEATH July 8, 1949		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 7, 1949	9. AGE (In years last birthday) 0	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Thomas H. Preuett		13b. MOTHER'S MAIDEN NAME Laura M. Passmore		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'S SIGNATURE OR NAME Thomas H. Preuett, 3924 Sherman Pl.	
(If yes, give war or dates of service)		NO.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature birth (7 mo) DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) 129	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X	

22. I hereby certify that I attended the deceased from July 7, 1949, to July 8, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE Albert Wall M.D.		23b. ADDRESS 5322 Helen		23c. DATE SIGNED 7/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE July 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery,	
				24d. LOCATION (City, town, or county) (State) Union City, Tennessee	

DATE REC'D BY LOCAL REG. JUL 9 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock Mortuary, 2117 E. Grand	
				ADDRESS	

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.

Signed.....

Frank A. Moore

.....

Student Embalmer

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.