

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29547

State File No.

16
14

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

FILED OCT 15 1949		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 333	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (If in place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		16	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) 1827 Bloomfield			
3. NAME OF DECEASED (Type or Print) Steven Kelly		a. (First) Steven		b. (Middle) Kelly		c. (Last) Schott	
4. DATE OF DEATH (Month) (Day) (Year) Oct 4 1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	
8. DATE OF BIRTH Sept 30 1949		9. AGE (In years last birthday) 19		IF UNDER 1 YEAR Months 21		IF UNDER 24 HRS. Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cape Girardeau Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Hugo Schott		13b. MOTHER'S MAIDEN NAME Sarah Scherer		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 Hugo Schott, Cape Girardeau, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythroblastosis Foetalis				INTERVAL BETWEEN ONSET AND DEATH 4 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7700	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Birth 10/30/49 to 10/4, 1949, that I last saw the deceased alive on 10/4/49, 1949, and that death occurred at 4:06 PM., from the causes and on the date stated above.							
23a. SIGNATURE John Crowe, MD (Degree or title)				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 10/6/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 7 1949		24c. NAME OF CEMETERY OR CREMATORY Cath. Berton Mo		24d. LOCATION (City, town, or county) Berton Mo	
DATE REC'D BY LOCAL REG. 10-6-1949		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Howell, Cape Girardeau, Mo			

RECEIVED 10-11-49

District Health Officer No. 4

District File Number 1049-1344

Date Filed _____

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 W. H. Estes

Signed _____
Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.