

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34802

State File No.

FILED OCT 29 1949

BIRTH NO. 66727-49 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 198

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>519 Houston Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Infant</u>		b. (Middle) <u>Echele</u>	
c. (Last) <u>Echele</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 13-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Oct 13, 1949</u>
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 11 HRS. Hours <u>0</u> Min. <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Cyril Echele</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Heller</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NIL</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cyril Echele (father)</u>		ADDRESS <u>St. Charles, Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral malaria</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____ 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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>150 Y</u>	
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)	21e. INJURY OCCURRED WHILE AT 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>Oct 13, 1949</u> , to <u>Oct 13, 1949</u> , that I last saw the deceased alive on <u>Oct 13, 1949</u> , and that death occurred at <u>9:15 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. M. ...</u>		23b. ADDRESS <u>St. Charles, Mo.</u>	
23c. DATE SIGNED <u>10-14-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 13-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Borromeo</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-25-49</u>	REGISTRAR'S SIGNATURE <u>Janice ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>H. P. Dallmeyer & Sons Co 800 N. 2nd--St. Charles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

District File Number _____

District Health Officer No. 9,

RECEIVED OCT 28 1949

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.

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