

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39026**
 BIRTH NO. **76178-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9727**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 000		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		n
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital D			d. STREET ADDRESS (If rural, give location) 10 4203w Lexington 5		
3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Charles c. (Last) McKibbin			4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1949		
5. SEX Male D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 8, 1949	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. D		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME James J. McKibbin		13b. MOTHER'S MAIDEN NAME Florence Rose Grone		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James J. McKibbin, 4203w Lexington 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature birth at				6 1/2 mos
	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) 1003			
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"/>	21f. HOW DID INJURY OCCUR? 7625			
22. I hereby certify that I attended the deceased from 11-8, 1949 , to 11-10-49 , that I last saw the deceased alive on 11-9, 1949 and that death occurred at 5:30a m., from the causes and on the date stated above.					
23a. SIGNATURE Ben N Klein (Degree or title) MD			23b. ADDRESS 2632 S Kingshighway		23c. DATE SIGNED 11-10-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-11-49	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		24d. LOCATION (City, town, or county) (State) 7600 Hook Hill Rd.	
DATE REC'D BY LOCAL NOV 11 1949	REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

2326

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
Student Embalmer

Signed..... **No Embalm**

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.