

FILED DEC 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 39241
10406

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis - Mo.		a. STATE Missouri	
c. LENGTH OF STAY (in this place) 10 days		b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
		d. STREET ADDRESS (If rural, give location) 5214 Theodosia	

3. NAME OF DECEASED a. (First) Phyllis			b. (Middle) Ann			c. (Last) Russo			4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 - 1949					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH Aug - 13 - 1948			9. AGE (In years last birthday) 14		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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) St. Louis - Mo.			12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Frank Russo			13b. MOTHER'S MAIDEN NAME Clara Brown			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Frank Russo			ADDRESS - 5214 Theodosia		

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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 15 months	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Congenital heart disease - transposed aortic interauricular septal defect, pulmonary stenosis		ANTECEDENT CAUSES Morbid 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 checked="" type="checkbox"/> NO <input 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) 1574					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 75 ft					

22. I hereby certify that I attended the deceased from Nov 23, 1949, to Dec 2, 1949, that I last saw the deceased alive on Dec 2, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Gilbert B. Forbes			(Degree or title)			23b. ADDRESS			23c. DATE SIGNED		
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE 12-5-49		24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery			24d. LOCATION (City, town, or county) (State) St. Louis Mo				

DATE REC'D BY LOCAL REG. OFFICE DEC 3 1949		REGISTRAR'S SIGNATURE J. B. Rasale			25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli & Sons			ADDRESS 1150 N. Kinghighwa		
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elmo D. Godwell

Licensed Embalmer No. 4077

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.