

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42578

BIRTH NO. 75764-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11278

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>000</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i> <i>043</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Evangelical Deaconess Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>4-7020 Dale Ave.</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Bobby</i> b. (Middle) <i>Infant</i> c. (Last) <i>Herlinger</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>11-5-49</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>11-5-49</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins. <i>1 32</i>
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) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <i>Leon Herlinger</i>		13b. MOTHER'S MAIDEN NAME <i>Bette Mae Knauth</i>		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 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity incompatible with life.</i>		
	ANTECEDENT CAUSES <i>Atelectasis of lungs.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) <i>159</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21H. HOW DID INJURY OCCUR? <i>7625</i>	

22. I hereby certify that I attended the deceased from *11-5-1949*, to *11-5-1949*, that I last saw the deceased alive on *11-5-1949*, and that death occurred at *2:03A* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Gene F. Duax, M.D.</i>	23b. ADDRESS <i>3720 Washington Blvd.</i>	23c. DATE SIGNED <i>11-10-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>DEC 31 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <i>DEC 31 1949</i>	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service Inc.</i>	ADDRESS <i>4104 Manchester Ave. St. Louis 10, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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**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 \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

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.