

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42748**

BIRTH NO. **83990-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11283**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis - Mo.		c. LENGTH OF STAY (In this place) 55 min.	
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	
3. NAME OF DECEASED (Type or Print) a. (First) Baby Girl b. (Middle) Marler c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec - 20 - 1949	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-19-49
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	9b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis - Mo.	12. CITIZEN OF WHAT COUNTRY? Amer
13a. FATHER'S NAME John Marler		13b. MOTHER'S MAIDEN NAME Freida Barber	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME [Signature]	
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.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity atelectasis 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"/>		21. HOW DID INJURY OCCUR? 7-6-25	
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) 159	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 12-20, 1949 , to 12-20, 1949 , that I last saw the deceased alive on 12-20, 1949 , and that death occurred at 12¹⁰ pm. , from the causes and on the date stated above.	
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE DEC 3 1949		24c. NAME OF CEMETERY OR CREMATORY Anatomical Bour	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
25. ADDRESS		26. FUNERAL DIRECTOR'S SIGNATURE [Signature]	
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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.

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.