

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14466

State File No.

No. 300

10.48

#101913

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3721

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|---|--|--|--|---|--|---|--|---|--|
| BIRTH NO. <u>23541-50</u> | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. <u>3721</u> | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (in this place) township) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS,</u> | | OR TOWN <u>2159</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>15 4457 PENNSYLVANIA</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>BABY</u> | | b. (Middle) <u>BOY</u> | | c. (Last) <u>DESCHLER</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | | 4. DATE OF DEATH (Month) <u>April</u> (Day) <u>23</u> (Year) <u>1950</u> | | | |
| 8. DATE OF BIRTH <u>APRIL 23, 1950</u> | | 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months <u>0</u> Days <u>8</u> | | IF UNDER 18 Wks. Hours <u>8</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>EDWARD DESCHLER</u> | | 13b. MOTHER'S MAIDEN NAME <u>BERADINE MATTOX</u> | | 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>11 hours</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> | | | | 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 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) | | | | | |
| 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 <u>776X</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>4/23/50</u> to <u>4/23/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/23/50</u> , 19 <u>50</u> , and that death occurred at <u>3:35pm</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>J. W. Burroughs, M.D.</u> | | | | 23b. ADDRESS <u>1515 Lafayette Ave.,</u> | | 23c. DATE SIGNED <u>4/24/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>4/24/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>APR 24 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Kacater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hebbew Benz Mortuary 7842 Meramec</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.