

FILED JUL 18 1950
37496-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25082
6024

State File No.
Registrar's No.

BIRTH NO. 102029 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2259

d. STREET ADDRESS (If rural, give location) Rector Hotel - 603 Walnut

3. NAME OF DECEASED (Type or Print)
a. (First) Infant b. (Middle) Morefield c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 11th, 1950

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 1

8. DATE OF BIRTH June 11th, 1950
9. AGE (In years last birthday) # UNDER 1 YEAR Months 0 # UNDER 1 YEAR Hours 4 # UNDER 1 YEAR Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Louis City Hospital #1.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Daryl Morefield
13b. MOTHER'S MAIDEN NAME Helen
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)

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity
INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 5 min

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 NO

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) m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? 776X

22. I hereby certify that I attended the deceased from 6/11/50 10 to 6/11/50 19, that I last saw the deceased alive on 6/11/50 19, and that death occurred at 8:55am m., from the causes and on the date stated above.

23a. SIGNATURE V. Peden, M.D. 0 (Degree or title)
23b. ADDRESS 1515 Lafayette Ave.,
23c. DATE SIGNED 6/12/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 6 JUL 14 1950
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JUL 13 1950
REGISTRAR'S SIGNATURE J. B. Lusater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 104 Manchester Ave. St. Louis 10, Mo.

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

6024

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.....

.....
working under my personal supervision.

Student Embalmer No.....

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.