

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28143

FILED SEP 6 1950

1003

State File No. _____

BIRTH NO. 68394-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 1226

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 4336</u>	d. STREET ADDRESS (If rural, give location) <u>859 Westgate</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Infant Female</u>	b. (Middle)	c. (Last) <u>Drifon</u>	Aug. 25, 1950

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 22, 1950</u>	9. AGE (In years last birthday) <u>4 days</u>	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>John Drifon</u>		13b. MOTHER'S MAIDEN NAME <u>Leatrice Arsht</u>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>John Drifon 859 West Gate</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Scleroderma neonatorum</u>		+ Prematurity				1 day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Pneumonia</u>				2 days	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? <u>773.5</u>	
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22. I hereby certify that I attended the deceased from 8/22, 1950, to 8/25, 1950, that I last saw the deceased alive on 8/25, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Robert M.D.</u>		23b. ADDRESS <u>15 N. Brentwood Blvd.</u>		23c. DATE SIGNED <u>8/26/50</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>AUG 27 1950</u>		REGISTRAR'S SIGNATURE <u>J.B. Sawyer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Berger Memorial 4715 McPherson</u>	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James A. Audwing

Signed.....
Student Embalmer

Licensed Embalmer No. 4829

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.