.S. No. 300
EV. 10.48

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

FILED SEP 5 1950
#102288

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28319

State File No.

BIRTH NO. 52947-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7202

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 2269
d. STREET ADDRESS (If rural, give location) 1431 Buchanan 0

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

4. DATE OF DEATH (Month) (Day) (Year) August 23, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn

8. DATE OF BIRTH August 23, 1950

9. AGE (In years last birthday) 1 | If under 1 year: Months | Days | If under 24 hrs.: Hours 4 | Min.

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) St.Louis City Hospital #1.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME Hilda Hurchaman

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 Kathleen Batsch
ADDRESS 1431 Buchanan

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) Premature Birth

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.

INTERVAL BETWEEN ONSET AND 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* 8/23/50, 19___, *to* 8/23/50, 19___, *that I last saw the deceased alive on* 8/23/50, 19___, *and that death occurred* 9:00PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Albert E. Stork (Degree or title) M.D.

23b. ADDRESS 1515 Lafayette Ave.,

23c. DATE SIGNED 8/24/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 8-24-50

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) St.Louis Co., Mo. (State)

DATE REC'D BY LOCAL REG. AUG 24 1950

REGISTRAR'S SIGNATURE J. B. Sasater

25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart
ADDRESS 2228 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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 Goodhart & Goodhart

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.