

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35059
8737

318

1003

BIRTH NO. 44959-50 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 8 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp		c. CITY (If outside corporate limits, write RURAL and give township) 2 TOWN St. Louis 2229	
3. NAME OF DECEASED a. (First) Lois b. (Middle) Jean c. (Last) Kumbly		4. DATE OF DEATH (Month) (Day) (Year) 10 - 15 - 50	
5. SEX Fem. 1	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 7-9-50
9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 3	IF UNDER 1 YEAR Days 6	IF UNDER 2 HRS. Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Infant		11. BIRTHPLACE (State or foreign country) St Louis Mo	
12. CITIZEN OF WHAT COUNTRY? Amer.		13a. FATHER'S NAME Elmer Kumbly	
13b. MOTHER'S MAIDEN NAME Nina Wilkinson		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 Elmer Kumbly 1033A Morrison Ln	
		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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Bands of duodenum		*INTERVAL BETWEEN ONSET AND DEATH 36 days 36 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction, partial		
	DUE TO (c)		
19. DATE OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. MAJOR FINDINGS OF OPERATION Laparotomy - Bands - multiple over duodenum			

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? 570.5

22. I hereby certify that I attended the deceased from 10-7, 1950, to 10-15, 1950, that I last saw the deceased alive on 10-15, 1950, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. L. J. Smith M.D.	(Degree or title)	23b. ADDRESS 500 S. Kingshighway	23c. DATE SIGNED 10-15-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-17-50	24c. NAME OF CEMETERY OR CREMATORY Mt Hope	24d. LOCATION (City, town, or county) (State) Hones County Mo
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DATE REC'D BY LOCAL REG. OCT 16 1950	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS 2301 Lafayette Ave
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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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

L. P. Cooper

Licensed Embalmer No. *3633*

P. O. Address *230 N. Fayette*

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.