

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35096
State File No. 9103

BIRTH NO. 61671-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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|---|----------------------------------|---|---|
| 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 OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis Missouri</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2239</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Booth Memorial Hospital</u> | | 23. STREET ADDRESS (If rural, give location) <u>1540 Mississippi Ave</u> | |
| 3. NAME OF DECEASED a. (First) <u>Infant Girl</u> b. (Middle) <u>Marler</u> c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-25-50</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u> | 8. DATE OF BIRTH <u>9-25-50</u> |
| 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, Missouri</u> |
| 13a. FATHER'S NAME <u>John William Marler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Fredia Virginia Barber</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 <u>Fredia Marler</u> ADDRESS |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (23 weeks)</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | 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 9-25-1950 to 9-25-1950, that I last saw the deceased alive on 9-25-1950, and that death occurred at 12:25 m., from the causes and on the date stated above.

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|---|--|---|
| 23a. SIGNATURE <u>Geo. A. Seib</u> (Degree or title) | 23b. ADDRESS <u>2323 Lafayette St. St. Louis</u> | 23c. DATE SIGNED <u>9-25-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>6 OCT 24 1950</u> | 24c. NAME AND ADDRESS OF BURIAL OR CREMATORIUM <u>Arlington Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Howard Mortuary Service Inc.</u> <u>4104 Manchester Ave. St. Louis 10, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 24 1950</u> | REGISTRAR'S SIGNATURE <u>J. B. Sasser</u> | |

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.