S. No. 300
EV. 10.48

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

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2589

BIRTH NO. 4301-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
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): Incarnate Word Hosp.

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 23 2237
d. STREET ADDRESS (If rural, give location): 2601a St Vincent

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Catherine c. (Last) Harper

4. DATE OF DEATH (Month) Jan. (Day) 5 (Year) 1951

5. SEX F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) S **8. DATE OF BIRTH** Jan. 5-1951 **9. AGE** (In years last birthday) IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY? O

13a. FATHER'S NAME Edward Harper
13b. MOTHER'S MAIDEN NAME Helen Kotraba
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 Edw. Harper **ADDRESS** 2601a St Vincent

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) Atelectasis of lungs — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Breechbirth, premature aspiration fluid
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cord tight around neck

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? 7-61-51

22. *I hereby certify that I attended the deceased from* 1-5, 1951, *to* 1-5, 1951, *that I last saw the deceased alive on* 1-5, 1951, *and that death occurred at* 1:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Maximilian Weitman (Degree or title) M.D.
23b. ADDRESS 3530 ARSENAL, St. Louis
23c. DATE SIGNED 1-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-8-50
24c. NAME OF CEMETERY OR CREMATORY Resurrection
24d. LOCATION (City, town, or county) St Louis County (State) Mo

DATE REC'D BY LOCAL REG. JAN 8 1951
REGISTRAR'S SIGNATURE J B Parsler
25. FUNERAL DIRECTOR'S SIGNATURE McKaughlins **ADDRESS** 2301 Lafayette Ave

(Licensed Embalmer's Statement on Reverse Side)

137

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 H. G. Paris

Licensed Embalmer No. 3384

P. O. Address St Louis

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.