

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 31 1951

1003 State File No. 2919
602

BIRTH NO. 5047-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		a. STATE MISSOURI b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS MATERNITY		d. STREET ADDRESS (If rural, give location) 3430 PESTALOZZI	

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) (Type or Print) Infant BARBARA ANN REPA			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 20, 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH JANUARY 20, 1951		9. AGE (in years last birthday)		10. IF UNDER 1 YEAR Months Days	
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, MISSOURI	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME PAUL REPA		13b. MOTHER'S MAIDEN NAME MARY BULLA	
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 PAUL REPA		18. ADDRESS 3430 Pestalozzi			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause Unknown		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)			
		DUE TO (c) Bruise			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7610	

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from JANUARY 20, 1951, to JANUARY 20, 1951, that I last saw the deceased alive on JANUARY 20, 1951, and that death occurred at 1:00A M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Herman Nuttall, Jr. Sister Rtg. St. Louis, Mo. 1/20/51		23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/20/51		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Chulick Und. Co.		24f. ADDRESS 1722 So. Jeff.	

DATE REC'D BY LOCAL REG. JAN 20 1951		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE Chulick Und. Co.; 1722 So. Jeff.	
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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.....

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.