

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25069

State File No.

FILED JUL 26 1951

6268

BIRTH NO. <u>28598-57</u>		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>6268</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u> <u>2239</u>		
c. LENGTH OF STAY (In this place) <u>29 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>2418 So BROADWAY</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Booth Memorial Hospital</u>		3. NAME OF DECEASED a. (First) <u>Marie</u> b. (Middle) <u>Wagner</u> c. (Last) <u>(INFANT)</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-51</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>		8. DATE OF BIRTH <u>7-11-51</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>29 30</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 MO</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Curtis</u>		
13b. MOTHER'S MAIDEN NAME <u>Lloyd</u>		14. NAME OF HUSBAND OR WIFE <u>2418 So Broadway</u>		
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 ADDRESS <u>Henrietta Nicewander</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> 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. <u>Prematurity.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>29 1/2 hrs</u>
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>762.5</u>
22. I hereby certify that I attended the deceased from <u>7-11</u> , 19 <u>51</u> , to <u>7-13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-13</u> , 19 <u>51</u> , and that death occurred at <u>1:33A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Arthur J. Meagher, M.D.</u>		23b. ADDRESS <u>3805 So. Broadway</u>		23c. DATE SIGNED <u>7-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schuur 3125 Lafayette</u>		
DATE REC'D BY LOCAL REG. <u>JUL 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</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 *No Embalming* _____
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.