

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25308

BIRTH NO. 4072657 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5649

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If 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, Missouri		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri 2199 f. STREET ADDRESS (If rural, give location) 3937 McPherson Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Donna b. (Middle) Elizabeth c. (Last) Smith		4. DATE OF DEATH (Month) (Day) (Year) June 21-1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-19-51
9. AGE (In years last birthday) 0 0 2 If UNDER 1 YEAR If UNDER 2 WKS. Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Donn Elliot Smith	
13b. MOTHER'S MAIDEN NAME Elizabeth Alice White		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) none none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Donn E. Smith		ADDRESS 3937a McPherson	
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) <u>Atelectasis - Congenital</u> ANTECEDENT CAUSES DUE TO (b) <u>Pre maturity</u> DUE TO (c) <u>(Birth weight 2lb 12 oz)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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? 762.5			
22. I hereby certify that I attended the deceased from June 19, 1951, to June 21, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 8:28 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Donn B. O'Neil M.D.		23b. ADDRESS 634 North Grand	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-23-51	
24c. NAME OF CEMETERY OR CREMATORY Morley Mo. Cemetery		24d. LOCATION (City, town, or county) (State) Morley Missouri	
DATE REC'D BY LOCAL REG. JUN 22 1951		REGISTRAR'S SIGNATURE J. B. Laster	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Natural Bridge	

(Licensed Embalmer's Statement on Reverse Side)

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

*John A. Menar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo*

**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.

---