

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27896

BIRTH NO. 55036-57 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Minnesota b. COUNTY Ramsey	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Paul 5	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 60 South Milton Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION U S Army Hospital			

3. NAME OF DECEASED (Type or Print) Baby Boy Defiel	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) August 13 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH August 13, 1951	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 1 19
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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) Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Herbert Otto Defiel Jr.	13b. MOTHER'S MAIDEN NAME Alice Annes Scholz	14. NAME OF HUSBAND OR WIFE
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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 E. W. GRUNEWALD, Major, MSC	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Hr. 19 Min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Neonatorum		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Atelectasis		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple congenital anomalies	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

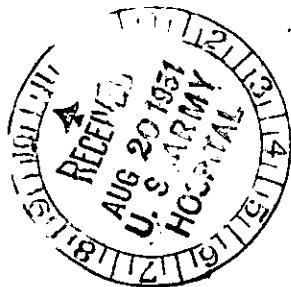
22. I hereby certify that I attended the deceased from **13 August, 1951**, to **13 August, 1951**, that I last saw the deceased alive on **13 August, 1951**, and that death occurred at **12:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) Capt. U.S. Army Hosp. Ft. Leonard Wood, Mo.	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 16, 1951	24c. NAME OF CEMETERY OR CREMATORY Iberia Cemetery	24d. LOCATION (City, town, or county) (State) Iberia, Missouri
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DATE REC'D BY LOCAL REG. 10-8-51	REGISTRAR'S SIGNATURE Eula Mae Anderson	438 25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Dudgeon	ADDRESS Iberia, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 4265

P. O. Address Berea, 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.