

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34957

State File No. ....

BIRTH NO. 71586-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8350

1. PLACE OF DEATH a. COUNTY		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) OR TOWN <u>ST. LOUIS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>42 TOWN LADUE, ST. LOUIS COUNTY 4421</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS MATERNITY HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>26 RIO VISTA AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DANKNER</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>9-12-51</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>	8. DATE OF BIRTH <u>9-12-51</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 11 HRS. Days <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ARNOLD (NMN) DANKNER</u>		13b. MOTHER'S MAIDEN NAME <u>LOIS JACQUELINE WOLFF</u>		14. NAME OF HUSBAND OR WIFE <u>NO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ARNOLD &amp; LOIS DANKNER 26 RIO VISTA</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Prematurity 35 weeks.</u>		MEDICAL CERTIFICATION	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) <u>multiple congenital anomalies</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atelectasis and Tentorial hematoma</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7593</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>17kx</u>

22. I hereby certify that I attended the deceased from 9-12, 1951, to 9-12-, 1951, that I last saw the deceased alive on 9-12-, 1951, and that death occurred at 7:50Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Seth E. Wissner</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>630 S. Kingshighway</u>	23c. DATE SIGNED <u>Sept 13, 1951.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6 SEP 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. <u>SEP 21 1951</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland</u> ADDRESS <u>4104 Mandeville</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

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.