

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35206**
Registrar's No. **8908**

FILED OCT 23 1951

BIRTH NO. **72128-57** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital		2. STREET ADDRESS (If rural, give location) 302 St. George (18)	

3. NAME OF DECEASED (Type or Print) a. (First) Baby-Boy b. (Middle) c. (Last) Jagoda-Join			4. DATE OF DEATH (Month) (Day) (Year) 10 8 51		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 10-8-51	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
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, Mo		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Edwin Joseph Jagoda		13b. MOTHER'S MAIDEN NAME Genevieve Paszkiewicz		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 ADDRESS Mrs. Genevieve Jagoda, 302 St. George	

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		INTERVAL BETWEEN ONSET AND DEATH 14 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 20 weeks.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Sep. of Placenta		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 76 ft. 5"
22. I hereby certify that I attended the deceased from 2:45 PM 10/8/51 , to 6:04 PM 10/8/51 , that I last saw the deceased alive on 10/8/51 , and that death occurred at 11:00 AM , from the causes and on the date stated above.		

23a. SIGNATURE Dr. Kenzle	23b. ADDRESS 28004 Chippewa	23c. DATE SIGNED 10/8/51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-9-51	24c. NAME OF CEMETERY OR CREMATORY Resurrection
		24d. LOCATION (City, town, or county) (State) St. Louis

DATE OF DEATH BY LOCAL REG. 1951	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Central Mort.	ADDRESS 184 1/2 Cass Ave
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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.....

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.