

STANDARD CERTIFICATE OF DEATH

FILED DEC 8- 1951

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3850

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>0170</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Carmel</u>	
c. LENGTH OF STAY (In this place) <u>2 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>Debra Ann Ego</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-9-51</u>
9. AGE (In years last birthday) <u>14</u>		IF UNDER 1 YEAR Months <u>14</u> Days <u>14</u> Hours <u>14</u> Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>----</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Carmel, Ill. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>James Ego</u>	13b. MOTHER'S MAIDEN NAME <u>Rosemary Helen Peters</u>	14. NAME OF HUSBAND OR WIFE <u>-----</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Ego - Mt. Carmel, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ulceration antea due to</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Esophageal fistula 7562</u> DUE TO (c) <u>Tracheo-Esophageal fistula</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Double Aortic arch (RA)</u>			

19a. DATE OF OPERATION <u>11-20-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Tracheo-esophageal fistula - Double aortic arch</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20 1951, to 11-25, 1951, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 11 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Lucich MD</u>	(Degree or title)	23b. ADDRESS <u>634 N. Grand - St. Louis</u>	23c. DATE SIGNED <u>11/28</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel, Ill.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG <u>11-30-51</u>	REGISTRAR'S SIGNATURE <u>Herbert K. Amcke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

905  
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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 W E Morris

Licensed Embalmer No. 3360

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.