

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14415

State File No.

FILED MAY 2 1952
BIRTH NO. 271031

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 3372

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY —		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 hr. 49 min.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u> 4771	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <u>Jaspering</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>March 31, 1950</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	9b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Omer Herman Jaspering</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Vander Graft</u>	14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. Jaspering</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Absence of lungs & diaphragm</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Conyugal anomaly.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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>7590-</u>	
22. I hereby certify that I attended the deceased from <u>March 31, 1952</u> , to <u>March 31, 1952</u> , that I last saw the deceased alive on <u>March 31, 1952</u> , and that death occurred at <u>4:40 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. D. Lawson, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>#16 Hampton Village Plaza</u>	23c. DATE SIGNED <u>4/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-30-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>APR 10 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	ADDRESS <u>4104 Manchester Ave.</u>

(Licensed Embalmer's Statement on Reverse Side)

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.