No. 300
10.48

57249

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30300

State File No. .....

FILED AUG 30 1952

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2230

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Heights c. LENGTH OF STAY (in this place) 16 hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirkwood
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital	d. STREET ADDRESS (If rural, give location) 548 N. Clay Ave.

#603

3. NAME OF DECEASED (Type or Print)	a. (First) Infant	b. (Middle)	c. (Last) Beatty
4. DATE OF DEATH	(Month) (Day) (Year) August 23, 1952.		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH August 22, 1952.
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours 16 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME E. Eugene Beatty	13b. MOTHER'S MAIDEN NAME Margaret See	14. NAME OF HUSBAND, OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. E. Eugene Beatty 548 N. Clay Ave.	

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) Immaturity Ed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature Birth

DUE TO (c) 776X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: about 17 hrs.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION Delivered 8/22/52	20. AUTOPSY? YES ☐ NO ☑
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) St Louis (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* 8-22, 1952, *that I last saw the deceased alive on* 8/22, 1952, *and that death occurred at* about 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE W. Hewlett Jr MD (Degree or title)	23b. ADDRESS 4500 Olive	23c. DATE SIGNED 8/25/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-25-2.	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.		
DATE REC'D BY LOCAL REG. 8-25-52	REGISTRAR'S SIGNATURE Herbert R. Domke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

NOT EMBALMED

Student _____
Student Embalmer

Signed Clement J. McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.