

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30327**

FILED SEP 9 - 1952

BIRTH NO. **57598** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2278**

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place) 1 day	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		d. STREET ADDRESS (If rural, give location) St. Mary's Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) St. Mary's Hospital	
3. NAME OF DECEASED (Type or Print) a. (First) Infant		b. (Middle) Villian	
c. (Last) Villian		4. DATE OF DEATH (Month) (Day) (Year) Aug. 31st 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 29, 1952
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Gene Villian		13b. MOTHER'S MAIDEN NAME Bernadine Ziegler	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Gene Villian
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (born at 22 weeks gestation) INTERVAL BETWEEN ONSET AND DEATH 26 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 776X DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug. 29, 1952 to Aug 31, 1952 , that I last saw the deceased alive on Aug 30, 1952 , and that death occurred at 12:05 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) CH Beckelman M.D.		23b. ADDRESS 2615 Brentwood Blvd	23c. DATE SIGNED 9/2/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/8/52	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.
DATE REC'D BY LOCAL REG. 9-2-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith Funeral Home 7156 Manchester Maplewood, Mo.	

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(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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

H. J. Burgess

Licensed Embalmer No. _____

4029

P. O. Address _____

Hopwood

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.