

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40434

State File No. _____

FILED DEC 5 1952
80422

318

1003

Registrar's No. 10365

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 Missouri		b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity		d. STREET ADDRESS 5140 Hilda Avenue		4810	

3. NAME OF DECEASED (Type or Print) a. (First) Infant			b. (Middle) Le Baube			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) November 10 1952				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) no		8. DATE OF BIRTH November 6 1952			9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no				10b. KIND OF BUSINESS OR INDUSTRY no		11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY? no				

13a. FATHER'S NAME Charles James Le Baube			13b. MOTHER'S MAIDEN NAME Betty Jane Ferleman			14. NAME OF HUSBAND OR WIFE		
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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. no		17. INFORMANT'S SIGNATURE OR NAME Charles & Betty Le Baube				ADDRESS Affton Mo	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infra-cranial hemorrhage -</u> <u>Base of brain</u> ANTECEDENT CAUSES <u>Atelectasis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7600	

22. I hereby certify that I attended the deceased from November 6, 1952, to November 10, 1952, that I last saw the deceased alive on November 10, 1952, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Norman M. Hankins MD</u>			(Degree or title)			23b. ADDRESS <u>116 Hampton Village</u>			23c. DATE SIGNED <u>11-11-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>11-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park</u>			24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Mo.</u>				

DATE REC'D BY LOCAL REG. NOV 12 1952		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Ziegenhein & sons</u>			ADDRESS <u>7027 Illinois</u>		
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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 Not Embalming

Licensed Embalmer No. Chris P. Deuk

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.