

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40503
10443

S. No. 300
EV. 10.48

FILED DEC 2 1952
BIRTH NO. 80638 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. 10443 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		4.511	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1549 Swallow Drive		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hos'p					

3. NAME OF DECEASED (Type or Print) Baby Marglous			4. DATE OF DEATH (Month) (Day) (Year) 11 12 52	
a. (First)	b. (Middle)	c. (Last)	8. DATE OF BIRTH Nov. 12-1952	9. AGE (In years last birthday) 7
5. SEX male 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Bill Marglous		13b. MOTHER'S MAIDEN NAME Jean McColgan		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Bill Marglous	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple birth</u>			INTERVAL BETWEEN ONSET AND 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 774X	
22. I hereby certify that I attended the deceased from <u>Nov 11, 1952</u> to _____, 19____, that I last saw the deceased alive on <u>11/13</u> , 195 <u>2</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. W. Rine</u> M.D.		23b. ADDRESS 4409 W. Rine		23c. DATE SIGNED 11/13/52	

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 11/13/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.	
DATE REC'D BY LOCAL REG. NOV 13 1952		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wynn</u>		ADDRESS 4356 Lindell Blvd	

(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.

Student
Student Embalmer

Not Embalmed

Signed.....

Licensed Embalmer No.

P. O. Address *Shroyer*.....

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.