

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45012

State File No.

Registrar's No. 11936

FILED JAN 26 1953

1003

BIRTH NO. 91714 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Olivette 4381	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity		d. STREET ADDRESS (If rural, give location) 1114 Elbring Drive	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) JOHN c. (Last) Pabor			4. DATE OF DEATH (Month) (Day) (Year) December 27 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH December 27 1952		9. AGE (In years last birthday) 1 50
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 Missouri 0	
12. CITIZEN OF WHAT COUNTRY? --		13a. FATHER'S NAME Wendell Edgar Pabor		13b. MOTHER'S MAIDEN NAME Amy L Bates	

14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Wendell Edgar & Amy Pabor		ADDRESS 1114 Elbring Dr	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity 26 wks. Incompatible with life.</i></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH	
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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) (M.)		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 Dec 27, 1952, to Dec 27, 1952, that I last saw the deceased alive on Dec 27, 1952, and that death occurred at 4:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frances H. Stewart M.D.		23b. ADDRESS 7161 Delmar St. Louis 8 Mo.		23c. DATE SIGNED Dec 27 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 4		24b. DATE 12-29-52		24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL GARDENS		24d. LOCATION (City, town, or county) (State) WELLSTON MO.	

DATE REC'D BY LOCAL REG. DEC 29 1952		REGISTRAR'S SIGNATURE <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Baumann Bros Inc		ADDRESS 2504 Woodson Rd, Overland 14 Mo	
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(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 Mo.

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.