V.S. No. 300
Rev. 10.48

19624

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12730

FILED MAR 21 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 736

4005

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

1. PLACE OF DEATH
a. 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): 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2049
d. STREET ADDRESS (If rural, give location): 64 64 Lloyd Avenue

3. NAME OF DECEASED (Type or Print) a. (First): Baby Vezeau b. (Middle): c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 3 - 4 - 1953

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 3-4-53
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 12 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Richmond Heights, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Waldo A. Vezeau
13b. MOTHER'S MAIDEN NAME: Marie Wetteross
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 ADDRESS: Mrs. M. Vezeau 6464 Lloyd Avenue

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) Resp. x. Failure — INTERVAL BETWEEN ONSET AND DEATH: Birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atelectasis — "
DUE TO (c) Prematurity — "

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: 7625
20. AUTOPSY? YES [X] 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) (COUNTY) (STATE)
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* 3-4 *19*53 *to* 3-4, *19*53, *that I last saw the deceased alive on* 3-4, *19*53, *and that death occurred at* 8a *m.; from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Le Roy Seyphrens
23b. ADDRESS: 745 Big Bend
23c. DATE SIGNED: 3-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-6-53
24c. NAME OF CEMETERY OR CREMATORY: Mount Carmel Cemetery
24d. LOCATION (City, town, or county) (State): Belleville, Illinois

DATE REC'D BY LOCAL REG.: 3-6-53
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
FUNERAL DIRECTOR'S SIGNATURE ADDRESS: M.J. Croghan 7146 Manchester

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

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.)

[illegible]

WRITE PLAINLY—USING UNFADING BLACK INK

etc. It means the disease, injury, or complication which caused death.

the underlying cause last.

DUE TO (c) Prematurity

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 [✓] 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) (COUNTY) (STATE)

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* 3-4, 1953, *to* 3-4, 1953, *that I last saw the deceased alive on* 8 am, 1953 *and that death occurred at* 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) LeRoy Stephens M.D.

23b. ADDRESS 745 E Big Bend

23c. DATE SIGNED 3-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 3/6/53

24c. NAME OF CEMETERY OR CREMATORY Mount Carmel Bethel

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE [illegible] ADDRESS [illegible]

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed ..... Licensed Embalmer No. .....

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.