

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

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20207

BIRTH NO. 20440 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1342

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ruthven</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pophar Bluff, Mo.</u>	
c. LENGTH OF STAY (If this place) <u>22 days</u>		d. STREET ADDRESS (If rural, give location) <u>916 N. Riverview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		0124	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>WESTLEY</u> c. (Last) <u>FREDWELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-1953</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>4-18-53</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>23</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during many of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Pophar Bluff, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Oreville Fredwell</u>		13b. MOTHER'S MAIDEN NAME <u>Nycthe Pennington</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oreville Fredwell</u>		ADDRESS <u>Pophar Bluff, Mo.</u>	
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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>Imperforate Anus</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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. <u>LARUNGEAL EDEMA</u> <u>BRONCHOPNEUMONIA</u>					

19a. DATE OF OPERATION <u>4-19-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Imperforate Anus</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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?	

22. I hereby certify that I attended the deceased from 4-19, 1953, to 5-10, 1953, that I last saw the deceased alive on 5-10, 1953, and that death occurred at 8 45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. ...</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>6420 Clayton Rd</u>		23c. DATE SIGNED <u>5-11-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5-12-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pophar Bluff, Mo</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>5-13-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Green Court Fitch</u>		ADDRESS <u>Pophar Bluff, Mo.</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 _____

working under my personal supervision.

Student Embalmer No.

W. Lot Embalmed

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.