FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34141

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9057

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 26 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Childrens Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill
b. COUNTY Mt. Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt. Vernon 8120 8
d. STREET ADDRESS (If rural, give location) Rt. #3

3. NAME OF DECEASED (Type or Print)
a. (First) Kenneth
b. (Middle) Ray
c. (Last) Stratton

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 53

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0
8. DATE OF BIRTH 8-19-53
9. AGE (In years last birthday) If under 1 year: Months / Days 28; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Mt. Vernon Ill. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James A. Stratton
13b. MOTHER'S MAIDEN NAME Gloria Brookman
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME R.C. Hoorman 500 S. King Hwy. ADDRESS

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) Internal hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 3 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arnold Chiari Syndrome
DUE TO (c) Myelomeningocoele — Since birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pt died at operation

19a. DATE OF OPERATION 9-16-53
19b. MAJOR FINDINGS OF OPERATION Arnold Chiari Syndrome
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) 753.1 (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* 8-21-, 1953, *to* 9-16, 1953, *that I last saw the deceased alive on* 9-16, 1953, *and that death occurred at* 4:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Don L. Thurston M.D. 0 [signature]
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 9-17-53
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Mt. Vernon, Ill.

DATE REC'D BY LOCAL REG. SEP 19 1953
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Meyer F.H., Mt. Vernon, Ill. ADDRESS

L.P. (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

Signed Not Embalmed

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.