

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34442

State File No.

FILED OCT 2 - 1953

67096

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2368

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>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Welsh Grove</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 days</u>		e. STREET ADDRESS (If rural, give location) <u>810 Halland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Ann's Conv. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>David Gene</u> b. (Middle) <u>Massey</u> c. (Last) <u>Massey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 19 53</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NOT MARRIED</u>	8. DATE OF BIRTH <u>8-6-53</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County Clayton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Lin Kavour</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Massey</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) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NOTE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Massey</u> ADDRESS <u>810 Halland 1st St. St. Louis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity, Atelectasis & Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Purulent diffuse peritonitis</u>		
	DUE TO (c) <u>Purulent pericardial effusion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>acute inflammation - ant. abd. wall</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-6, 1953, to 8-19, 1953 that I last saw the deceased alive on 8-19, 1953, and that death occurred at 12 noon, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ronald E. Hoffmann M.D. O</u>	23b. ADDRESS <u>601 S. Brentwood Bl.</u>	23c. DATE SIGNED <u>8/20/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>9/15/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Conv. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5800 Arsenal Dr. St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/13/53</u>	REGISTRAR'S SIGNATURE <u>Walter R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis Co Hospital - 601 ...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Not embalmed



Curtis H. Lohr, M.D.
Supt. & Medical Director.

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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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