

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40793

FILED NOV 19 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10307**

|   |                                   |   |                       |
|---|-----------------------------------|---|-----------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                      |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |                       |
| b. CITY OR TOWN <i>St. Louis, Mo.</i>                               |                                   | a. STATE <i>Missouri</i>  | b. COUNTY <i>2189</i> |
| c. LENGTH OF STAY (in this place) <i>4 hrs.</i>                     | c. CITY OR TOWN <i>St. Louis,</i> |   | 0                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Children's</i> |                                   | d. STREET ADDRESS (If rural, give location) <i>18 4182 Manchester</i>                 |                       |

|   |                               |  |   |   |
|---|-------------------------------|--|---|---|
| 3. NAME OF DECEASED (Type or Print)   | a. (First) <i>Michael</i>     | b. (Middle) <i>Eugene</i>  | c. (Last) <i>Lough</i>  | 4. DATE OF DEATH (Month) (Day) (Year) <i>10-29-53</i> |
| 5. SEX <i>Male</i>  | 6. COLOR OR RACE <i>white</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i> | 8. DATE OF BIRTH <i>9-18-51</i>   | 9. AGE (In years last birthday) <i>2 yrs.</i>         |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ch. L.O.</i> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>                        | 11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Missouri</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>            |

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME <i>Marvin Lough</i> | 13b. MOTHER'S MAIDEN NAME <i>Gerline Cross</i> | 14. NAME OF HUSBAND OR WIFE <i>NONE.</i> |
|--|--|--|

|  |                                      |  |                                    |
|--|--------------------------------------|--|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | 16. SOCIAL SECURITY NO. <i>NONE.</i> | 17. INFORMANT'S SIGNATURE OR NAME <i>G. Johnston</i> | ADDRESS <i>500 So. Kin Highway</i> |
|--|--------------------------------------|--|------------------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Influenzal Meningitis</i>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 <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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>3400</i> |
|--|--|--|

22. I hereby certify that I attended the deceased from *10-29-1953*, to *10-29-1953* that I last saw the deceased alive on *10-29-1953*, and that death occurred at *9:20* m., from the causes and on the date stated above.

|  |                   |   |                                  |
|--|-------------------|---|----------------------------------|
| 23a. SIGNATURE <i>John C. Newey M.D.</i> | (Degree or title) | 23b. ADDRESS <i>Children's Hospital</i> | 23c. DATE SIGNED <i>10-30-53</i> |
|--|-------------------|---|----------------------------------|

|   |                           |   |  |
|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <i>10-31-53</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK</i> | 24d. LOCATION (City, town, or county) (State) <i>St. Louis - Mo.</i> |
|---|---------------------------|---|--|

|   |  |   |                                |
|---|--|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <i>OCT 30 1953</i> | REGISTRAR'S SIGNATURE <i>J. Cal. Smith</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>MORROWLAND-AKER</i> | ADDRESS <i>4104 MANCHESTER</i> |
|---|--|---|--------------------------------|

WRITE PLAINLY—USING 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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis

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.