

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28670

State File No. _____
Registrar's No. 179

BIRTH NO. 58443-54 REG. DIST. NO. 510 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>St. Charles</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 OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>Robertson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>R#1 Box #22</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby girl</u> b. (Middle) <u>Miles</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 30, 1954</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Gilbert Miles</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Marie Winder</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXXXX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gilbert Miles Robertson, Mo. R#1</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atalactasis of Newborn</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hours</u> <u>App. Phosma</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Immaturity</u>		
	DUE TO (c) _____		
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 <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) <u>7625</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Aug 30, 1954, to Aug 30, 1954, that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John G. Wickhamy M.D.</u>		23b. ADDRESS <u>10300 St Charles Rd, Mo.</u>		DATE SIGNED <u>Aug 31, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-1-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>August 31, 1954</u>		REGISTRAR'S SIGNATURE <u>Francis H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blumhardt ... Woodson Rd - Overland, Mo.</u>	
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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.....
Signature of Student Embalmer

Signed *No Embalming*
David C. Gibson

Licensed Embalmer No. *3457*

P. O. Address *Overland*

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.