

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32437

BIRTH NO. 66360-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2301

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</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>Clayton</u>		c. LENGTH OF STAY (In this place) <u>50 min</u>		c. CITY OR TOWN <u>Clayton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				STREET ADDRESS (If rural, give location) <u>601 S. Brentwood</u>			
3. NAME OF DECEASED (Type or Print) <u>Baby Girl</u>		a. (First)		b. (Middle) <u>Marshall</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 25 1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="checkbox"/>	
8. DATE OF BIRTH <u>SEPT. 25, 1954</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>45</u>	
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>Clayton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Marshall</u>		13b. MOTHER'S MAIDEN NAME <u>Geraldine Morgan</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>Geraldine Marshall 920 Boyd, Kinloch</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of both lungs</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Prematurity (2150 Gm)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Rh incompatibility</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7625</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from <u>9-25</u> , 1954, to <u>9-25</u> , 1954, that I last saw the deceased alive on <u>9-25</u> , 1954, and that death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert E. Puffer MD</u> (Degree or title)				23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>		23c. DATE SIGNED <u>9/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10/1/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>5800 Arsenal, St. Louis</u>	
DATE REC'D BY LOCAL REG. <u>10/1/54</u>		REGISTRAR'S SIGNATURE <u>Robert E. Puffer MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis Co. Hosp. Brentwood</u>			

(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.....
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.