

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32447

State File No.

BIRTH NO. 58015-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2094

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>Clayton</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 hrs.</u>		STREET ADDRESS (If rural, give location) <u>601 S. Brentwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Girl</u> b. (Middle) <u>Parsons</u> c. (Last) <u>Parsons</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>8-15-54</u>
9. AGE (in years last birthday) <u>11</u> Months <u>11</u> Days <u>11</u> Hours <u>11</u> Min.		10. 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, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Don F. Parsons</u>	13b. MOTHER'S MAIDEN NAME <u>Jean Bhapline</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>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jean Parsons</u> ADDRESS <u>7440 S Euclid Chicago</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, asthenia, 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) <u>Bilateral atelectasis + Cerebral Anoxia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Immaturity (2240 GMS)</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> <u>7625</u>
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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 8-15-, 1954, to 8-15-, 1954, that I last saw the deceased alive on 8-15-, 1954, and that death occurred at 7:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Sahn M.D.</u>	23b. ADDRESS <u>601 S. Brentwood, Clayton</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>8/31/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>5800 Arsenal St. Louis, Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/31/54</u>	REGISTRAR'S SIGNATURE <u>Robert W. Sahn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert W. Sahn</u> ADDRESS <u>601 S. Brentwood</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

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.