

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39339

State File No.
Registrar's No. 9146

BIRTH NO. 84175-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		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 town(ship)) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Maryland Heights</u> # 25 <input type="checkbox"/> No <input checked="" type="checkbox"/> R	
c. LENGTH OF STAY (In this place) <u>34 hrs.</u>		d. Is Residence within limits of city or incorporated town? <input type="checkbox"/> No <input checked="" type="checkbox"/> R	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		STREET ADDRESS (If rural, give location) <u>115 Reading</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) c. (Last) <u>WARE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 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>Oct. 5, 1954</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>10</u> IF UNDER 14 HRS. Hour <u>10</u> Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Elmer Ware</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Chance</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Ware</u> ADDRESS <u>115 Reading</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>76 hrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7625</u>	
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22. I hereby certify that I attended the deceased from 10/5, 1954, to 10/7, 1954, that I last saw the deceased alive on 10/7, 1954, and that death occurred at 1030A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Helman C. Wasserman MD</u> (Degree or title)		23b. ADDRESS <u>4500 Olive St.</u>		23c. DATE SIGNED <u>10/7/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 8 1954</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Funeral Home</u> ADDRESS <u>9222 Lackland</u>	
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(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 *Al C Ortmann*.....

Licensed Embalmer No. *3478*.....

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.