

FILED FEB 9 - 1955

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3285**
 BIRTH NO. 10685-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Clayton		c. LENGTH OF STAY (In this place) DOA	c. CITY OR TOWN Lemay
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 227 Vida Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Diane b. (Middle) Patricia c. (Last) Adelsberger			4. DATE OF DEATH (Month) (Day) (Year) Jan. '11, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH Feb. 8, 1954		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 11 IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. O	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Clarence Adelsberger		13b. MOTHER'S MAIDEN NAME Dorothy John		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, state year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dorothy Adelsberger, 227 Vida Ave.	

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, ashenia, 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) Asphyxia by strangulation, suffered in her home at 227 Vida Ave., Lemay, while seated in her high chair she slipped forward and down, her chin catching on the edge of the tray from which she		
	II. OTHER SIGNIFICANT CONDITIONS was unable to release herself and during the absence of her mother.		
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 3-2 (STATE) Lemay St. Louis, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/11/54 10:10A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR Slipped down in high-chair and was suspended by her chin on the food-tray,			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold J. Willmann, Coroner		(Degree or title)		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 1/12/54	
24a. BURIAL, CREMATION, REBURYAL (Specify)		24b. DATE 1/14/55		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.	
DATE REC'D BY LOCAL REG. 1/12/55		REGISTRAR'S SIGNATURE Robert R. Lamberson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

202

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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 *W. G. Peterson*.....

Licensed Embalmer No. *376*

P. O. Address *7420 Mt*

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.