

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1955

State File No.

BIRTH NO. 38053-55 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3056 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY St. Charles		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) St. Charles		c. CITY OR TOWN Berkeley City	
c. LENGTH OF STAY (in this place) 4 Hrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			
STREET ADDRESS (If rural, give location) 6327 Upper Brandon			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) c. (Last) Tedeschi			4. DATE OF DEATH (Month) (Day) (Year) July 5 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ###/###/###	8. DATE OF BIRTH July 4, 1955		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ###/###/###		10b. KIND OF BUSINESS OR INDUSTRY ###/###/###		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo.	
13a. FATHER'S NAME Anthony Tedeschi		13b. MOTHER'S MAIDEN NAME Gloria DiBuono		14. NAME OF HUSBAND OR WIFE ###/###/###	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ###/###/###		16. SOCIAL SECURITY NO. #####		17. INFORMANT'S SIGNATURE OR NAME Anthony Tedeschi ADDRESS 6327 Upper Brandon Berkeley, 21 Mo.	
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			

19. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
		ANTECEDENT CAUSES			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) 5 1/2 months fetus			
		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) 716 X	
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?	

22. I hereby certify that I attended the deceased from July 4, 1955, to July 5, 1955, that I last saw the deceased alive on July 4, 1955, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE T. D. Patterson MD (Degree or title)		23b. ADDRESS 10300 St. Charles Rd St Louis Mo		23c. DATE SIGNED 7/6/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 6 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) St. Louis		(State) Mo.	

DATE REC'D BY LOCAL REG. July 6 1955		REGISTRAR'S SIGNATURE Francis Hamilton		FUNDING DIRECTOR'S SIGNATURE Collier's ADDRESS Collier's Mortuary 10123 St. Chas. Rd	
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WRITE PLAINLY—USING UNEADING 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..... *No Embalming* Signed..... *Sheldon Collier*
Signature of Student Embalmer

Licensed Embalmer No. *33*

P. O. Address *1012384*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.