

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23318

State File No. ....  
Registrar's No. .... 165

FILED AUG 8 - 1955  
BIRTH NO. 46789-55 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Ann</b>	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 <b>St. Josephs Hospital</b>		STREET ADDRESS (If rural, give location) <b>3503 St. Joachim La. 4001</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant</b> b. (Middle) <b>Girl</b> c. (Last) <b>Begnaud</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input checked="" type="checkbox"/> DIVORCED, <input checked="" type="checkbox"/> SEPARATED	
8. DATE OF BIRTH <b>Aug 1 1955</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mins. <b>3</b>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work or business in which engaged if retired)		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Charles Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Ellis Begnaud</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Richard</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>St. Charles Mo. Ellis Begnaud 3503 St. Joachim La.</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity 5 1/2 mo gestation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>26 minutes</b>	
ANTECEDENT CAUSES Morbid 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. <b>776x</b>			

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)	
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 Aug 1, 1955, to Aug 1, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 1:40pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Paul D. Tatum MD</b>		23b. ADDRESS <b>1034 1/2 St. Charles Rd. St. Louis</b>		23c. DATE SIGNED <b>8/1/55</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Interment</b>		24b. DATE <b>Aug 1 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Aug 8-55 Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Collier Mortuary 10123 St. Chas. Rd. St. Louis Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY IN 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 *Embalming*  
*No*

Signed *Mildred Collier*

Licensed Embalmer No. *33*

P. O. Address *1012387*

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.