

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35423

State File No. _____

BIRTH NO. 69126-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2350

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) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>1 Month</u>	c. CITY OR TOWN <u>Kirkwood</u> <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>972 Box Elder</u>		e. STREET ADDRESS (If rural, give location) <u>972 Box Elder</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>STEVEN</u>	b. (Middle) <u>HILL</u>	c. (Last) <u>DALLAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 12, 1955</u>	9. AGE (in years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never worked</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willis Dallam</u>	13b. MOTHER'S MAIDEN NAME <u>Jean Washburn</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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willis Dallam</u>	ADDRESS <u>972 Box Elder, Kirkwood, Mo.</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 (Hours) <u>4 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse Extensive Bilateral Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Residual pulmonary atelectasis - 1 month</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recurrent mild non-specific diarrhea</u>		DUE TO (c) _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>7620</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
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 9/12/55, 1955, to 10/12/55, 1955, that I last saw the deceased alive on 10/3/55, 1955, and that death occurred at 5 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>689 E Big Bend - Webster Grove, Mo.</u>	23c. DATE SIGNED <u>10/12/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10-13-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Boff, Jr.</u>	ADDRESS <u>Kirkwood</u>
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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..... *Felix Luvand*

Licensed Embalmer No. *3034*

P. O. Address *Kubukuro*

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.