

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38634

State File No.

FILED DEC 12 1955

BIRTH NO. 92172-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10699

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside town limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.		e. STREET ADDRESS (If rural, give location) 23 1757 Nicholson Pl. 223/9	

3. NAME OF DECEASED (Type or Print) BABY GIRL MINER			4. DATE OF DEATH DECEMBER 5, 1955		
a. (First)		b. (Middle)		c. (Last)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Dec. 3, 1955		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months 3 Days	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None			

13a. FATHER'S NAME Plumes Miner		13b. MOTHER'S MAIDEN NAME Edna Mae Bone		14. NAME OF HUSBAND OR WIFE Nil.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME Edna Mae Miner		ADDRESS 1757 Nicholson Pl.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Microcephaly				INTERVAL BETWEEN ONSET AND DEATH 27 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? Congenital Cerebral Malformation					
		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 753.1				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?	
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22. I hereby certify that I attended the deceased from 12-3-, 1955, to 12-5-, 1955, that I last saw the deceased alive on 12-5-, 1955, and that death occurred at 1:10 AM., from the causes and on the date stated above.

23a. SIGNATURE Len B. Fleish M.D.		23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 12-5-55.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-5-55		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Salem, Mo.	
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DATE REC'D BY LOCAL REG. DEC 6 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	
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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.....
Robert M. Murray
3749
Licensed Embalmer No.....

P. O. Address.....
St. Louis

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.