

FILED JUN 20 1956

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 41976-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5461

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De PAUL HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>26 1818 N. 17th St.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>INFANT.</u>			b. (Middle)		c. (Last) <u>MCDONOUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 6 1956</u>				
5. SEX <u>F.</u>	6. COLOR (or RACE) <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>6/6/56</u>		9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None - Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Robert-McDonough</u>				13b. MOTHER'S MAIDEN NAME <u>IRENE KRUCZYK</u>			14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James P. Mc Donough</u>			ADDRESS			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration in lungs</u> ANTECEDENT CAUSES <u>Placenta Previa Antelab;</u> <u>(mother in shock)</u> <u>delivered by</u> <u>Caesarian section</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>			
		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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>761.0</u>						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 <u>6/6</u> , 19 <u>56</u> , to <u>6/6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6/6</u> , 19 <u>56</u> and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Jackson Gto MD</u>					23b. ADDRESS <u>634 W. Spruce</u>			23c. DATE SIGNED <u>6/6/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-8-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>					
DATE REC'D BY LOCAL REG. <u>JUN 7 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morrell Funeral Home, 4212 St. Louis</u>						

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Stanley F. Airdon

Licensed Embalmer No. 419

P. O. Address S. L.

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.