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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25436

State File No.

FILED AUG 1 - 1956

BIRTH NO. 48582-56 REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 544 Registrar's No. 1725

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 OR TOWN <u>KIRKWOOD</u>	c. LENGTH OF STAY (in this place) township) <u>1 DAY</u>	c. CITY OR TOWN <u>UNIVERSITY CITY 376</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>823 LONGACRE, APT. B</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RHONDA</u> b. (Middle) <u>LYNN</u> c. (Last) <u>BOZAICH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15, 1956</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>JULY 14, 1956</u>	9. AGE (In years last birthday) <u>1</u> of UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (State or foreign country) <u>KIRKWOOD, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A.</u>

13a. FATHER'S NAME <u>STANLEY BOZAICH</u>	13b. MOTHER'S MAIDEN NAME <u>BETTY MAPLE</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> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>STANLEY BOZAICH, 823 LONGACRE</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Resorption atelectasis</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c)		<u>2 days</u>
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 checked="" type="checkbox"/> NO <input 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) <u>7625</u>
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?

22. I hereby certify that I attended the deceased from July 14, 1956, to July 15, 1956, that I last saw the deceased alive on July 15, 1956, and that death occurred at 7:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank J. Valach, M.D.</u>	23b. ADDRESS <u>1617 S. Brentwood Blvd</u>	23c. DATE SIGNED <u>7-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MO.</u>
DATE REC'D BY LOCAL REG. <u>7-16-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombrink</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PEITZINGER MORTUARY, KIRKWOOD, MO.</u>	

WRITE PLAINLY—USING UNFAADING 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.

This child was not embalmed

Student
Student Embalmer

Signed *William H. Fitzgerald*

Licensed Embalmer No. *4316*

P. O. Address *Kirkwood 22, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.