

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25496

BIRTH NO. 48753 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1657

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Rock Hill	
c. LENGTH OF STAY (In this place) 26 hours		d. STREET ADDRESS (If rural, give location) 9812 COTTON WOOD LANE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) INFANT BOY GRESCHNER			4. DATE OF DEATH (Month) (Day) (Year) JULY 7 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	8. DATE OF BIRTH JULY 6, 1956		9. AGE (In years last birthday) 1 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME BERNARD GRESCHNER		13b. MOTHER'S MAIDEN NAME JEAN SCHER		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME BERNARD GRESCHNER	
				ADDRESS 9812 COTTON WOOD	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marked Prematurity ANTECEDENT CAUSES 22 wks gestation DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Premature Rupture Membranes		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7615			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7944X		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 Birth 7-6, 1956, to 7-7, 1956, that I last saw the deceased alive on July 7, 1956, and that death occurred at 4:30 A m., from the causes and on the date stated above.

23a. SIGNATURE Erwin T. Huber, M.D.		23b. ADDRESS 2nd Street Bldg		23c. DATE SIGNED 7-7-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JULY 9, 1956		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
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DATE REC'D BY LOCAL REG. 7-9-56		REGISTRAR'S SIGNATURE Herbert A. Donohue		25. FUNERAL DIRECTOR'S SIGNATURE Stoach Mortuary		ADDRESS 889 S BRENTWOOD Bldg	
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CLAYTON 5

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
Student Embalmer

Signed NOT EMBALMED

Licensed Embalmer No. _____

P. O. Address _____

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