Health, Welfare Public Service

300 0
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36059
STATE FILE NUMBER

FILED OCT 16 1956

82421-56

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8596

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Anthony Hospital — Length of stay in 1b: 24	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY c. CITY OR TOWN: St. Louis — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location): 2706 Arsenal — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Infant	Middle:	Last: Probst	4. DATE OF DEATH: Month September Day 16 Year 1956
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Sept. 16, 1956	9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil	10b. KIND OF BUSINESS OR INDUSTRY: ------	11. BIRTHPLACE (City and state or country): St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME: Forest John Probst			14. MOTHER'S MAIDEN NAME: Florence Ellerbeck	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: no	17. INFORMANT: Forest J. Probst	Address: 2706 Arsenal St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Immature Respiratory Center (Prematurity)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

7531

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-16-56 to 9-16-56 and last saw her/him alive on 9-16-56

Death occurred at 2 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene H. Edelle M.D.

22b. ADDRESS: 4971 Chippewa St

22c. DATE SIGNED: 9-17-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Sept. 18 1956	23c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery	23d. LOCATION (City, town, or county) (State): 1600 Lemay Ferry Road Lemay, Mo
24. FUNERAL DIRECTOR: C. Hoffmeister U.&L.Co	ADDRESS: 7814 S. Broadway	25. DATE RECD. BY LOCAL REG.: SEP 18 1956	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

12-3

STATEMENT BY LICENSED EMBALMER

Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Fluid Rock ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Linus C. Hoffme

Licensed Embalmer No...38

P. O. Address..7814 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.