

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40017**BIRTH NO. **93668-51**REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **541**Registrar's No. **2637**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (in this place) 2 hrs	c. CITY OR TOWN Robertson		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			e. STREET ADDRESS (If rural, give location) Airpath Trailer Court		
3. NAME OF DECEASED (Type or Print) Baby Girl			a. (First)	b. (Middle)	c. (Last) Myhre
4. DATE OF DEATH Oct. 30, 1956			(Month)	(Day)	(Year)
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-30-56		9. AGE (in years last birthday) 2
IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 12 HRS. Min.		
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) Clayton, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Kenneth Myhre		13b. MOTHER'S MAIDEN NAME Phyllis Olsen		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME County Hosp Clayton	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MORBLD CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Prematurity			
		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			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) m.		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 10-30-56 , 19 56 , to 10-30- , 19 56 , that I last saw the deceased alive on 10-30- , 19 56 , and that death occurred at 5:30 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Robert W. Blalock			23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.		23c. DATE SIGNED 10-30-56
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 11-7-56	24c. NAME OF CEMETERY OR CREMATORY St. Louis Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. 11-7-56		REGISTRAR'S SIGNATURE Herbert R. Donnelly		25. FUNERAL DIRECTOR'S SIGNATURE County Hosp Clayton, Mo.	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision.

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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.