

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3153

FILED FEB 4 1957

State File No.

647

| | | | | |
|--|--|---|-----------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 318 | PRIMARY REG. DIST. NO. 1003 | Registrar's No. |
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison | | |
| b. CITY OR TOWN St. Louis, Mo. | | c. CITY OR TOWN Worden | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 4 Days | | e. STREET ADDRESS (If rural, give location) 32 Box 213 822 ⁰ 8 | | |
| 3. NAME OF DECEASED (Type or Print) Donald Ray | | a. (First) | b. (Middle) Ray | c. (Last) VAZZI |
| 4. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital | | 5. SEX Male | | 6. DATE OF DEATH (Month) (Day) (Year) 1-19-57 |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH 6-18-52 | | 9. AGE (In years last birthday) 4 |
| 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) Staunton Illinois |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Frank Leon Vassz | | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth Straub | | 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) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE AND NAME F. Derivation 500 S. Kings Highway |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Hypertension following repair of <u>Left atrial septal defect</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 8 hours 4 |
| 19a. DATE OF OPERATION 1-17-57 | | 19b. MAJOR FINDINGS OF OPERATION 754, 31 | | 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) |
| 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 1-14, 1957, to 1-19, 1957, that I last saw the deceased alive on 1-19, 1957, and that death occurred at 6:42 A.M., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE Barbara Jones M.O. | | 23b. ADDRESS Childrens Hospital | | 23c. DATE SIGNED 1-19-57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1-20-57 | | 24c. NAME OF CEMETERY OR CREMATORY Worden City Cemetery |
| 24d. LOCATION (City, town, or county) Worden, Illinois | | 24e. (State) | | |
| DATE REC'D BY LOCAL REG. JAN 21 1957 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe 4700 Washington, |

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James B. Bentley*.....

Licensed Embalmer No. *388*.....

P. O. Address *St. Louis*.....

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.